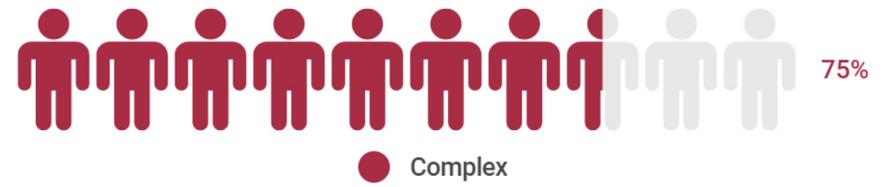
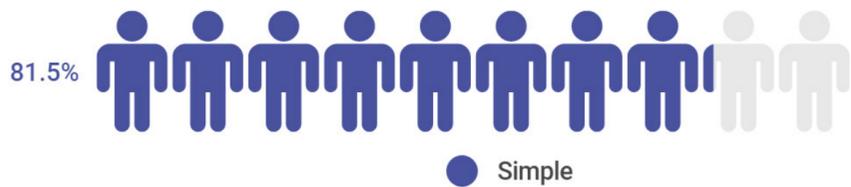


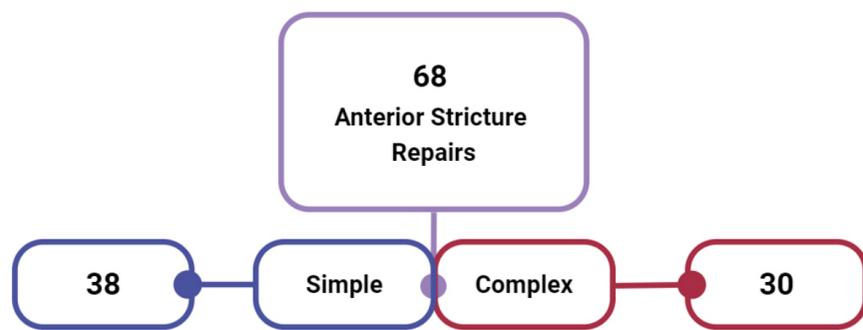
COMPLICATED VS. UNCOMPLICATED URETHROPLASTY: OUTCOMES FROM A REGIONAL CENTRE

Management of urethral stricture via urethroplasty is steadily becoming standard over repeated endoscopy. Reconstruction offers greater long-term benefit and can often address highly complex disease when endoscopy is insufficient. We here present outcomes from a Society of Genitourinary Surgeon (GURS) Accredited Fellow practicing in a Regional Australian centre, to explore the intrinsic stricture properties which may predict risk of stricture recurrence.



METHODS:

Analysis of 190 Genitourinary reconstructive procedures since establishment of service in 2017 identified 117 Urethroplasties. Of these, 68 patients anterior-repair patients with completed 1y follow-up were found. Patients were cohorted as simple vs complex stricture disease. Complex strictures were defined as multifocal or panurethral, fistulating, obstructing with urinary retention, or with aetiology of radiotherapy or previous hypospadias repair.



Primary endpoint was stricture-free survival at 1y, with stricture recurrence defined as post-operative requirement for re-do urethroplasty, endoscopic management, or confirmed recurrence on urethrogram.

RESULTS:

Of 38 simple strictures, 32 were stricture free at 1y, with success rate 81.5%. In contrast, 22 of 30 complex strictures were successful at 1y, representing a 73% success.

	No.	Recurrences	Success
Simple	38	6	81.5%
Complex	30	8	73%

Breakdown revealed multifocal and panurethral stricture disease to have high success rate of 90%, with previous hypospadias repair a predictor of failure at 57% success.

The greatest predictor of recurrence was previous Radiotherapy, with successful 1y stricture-free survival in only 40% of repairs.

	No.	Recurrences	Success
Panurethral/Multifocal	10	1	90%
Obliterative	8	1	87.5%
Previous Reconstruction	7	3	57%
Radiotherapy	5	3	40%

DISCUSSION:

As expected, complex disease decreases the overall efficacy of Urethroplasty, however, panurethral or multifocal disease had overall better success rates than the 'average' simple urethroplasty. While this may be somewhat influenced by selection bias as to those offered definitive management, multifocal disease seems to confer no additional risk over simple repair, and should not be a contraindication to urethroplasty. Given endoscopic management is often unfeasible in panurethral disease, it appears Urethroplasty offers a truly superior treatment outcome.

Radiotherapy or previous complex reconstruction were high predictors of failure, and all fistulating disease coincided with these aetiologies. Greater counselling in these populations is needed at time of Consent regarding the increased risk of recurrence.

CONCLUSION

Panurethral or multifocal disease does not impair Urethroplasty outcomes. Radiotherapy or previous complex reconstruction were high predictors of failure, with greater counselling needed regarding risk of recurrence in these groups.