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Management of Urethral Strictures

Patient with proven stricture nls If short stricture in maleconsider urethral dilation, optical urethrotomy or dilation with S dilators If short stricture in female (rare) consider usining Hegarty female dilators (short curved female dilators) or Canely Riles (Short straight female dilators. Patient with proven stricture -decompress bladder if PVR> 400 mls If long stricture, assess with urethrogram and refer to centre for reconstruction Can be done as single stage or two stage urethroplasty Decompress bladder if PVR> 400 mls If not voiding and unable to pass urethral catheter, first try Flexible cystoscope and guidewire. If that fails, SPC then optical urethrotomy at a later date

Suggested Reading

Latini JM, McAninch JW, Brandes SB, Chung JY, Rosenstein D. SIU/ICUD consultation on urethral strictures: epidemiology, etiology, anatomy, and nomenclature of urethral stenoses, strictures, and pelvic fracture urethral disruption injuries. Urology. 2014;83(3 Suppl):S1–7.

Mundy AR, Andrich DE. Urethral strictures. BJU Int. 2011;107(1):6-26.

Oelke M, Bachmann A, Descazeaud A, Emberton M, Gravas S, Michel MC, N'dow J, Nordling J, de la Rosette JJ. EAU guidelines on the treatment and follow-up of non-neurogenic male lower urinary tract symptoms including benign prostatic obstruction. Eur Urol. 2013;64(1):118–40.