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Title: TRANSVAGINAL URETHROLYSIS WITH LABIAL FAT PAD GRAFT

Aims of Study:

The management of outlet obstruction following a pubovaginal sling procedure is a challenging therapeutic problem. This video demonstrates our technique of transvaginal urethrolisis using a Martius labial fat pad graft to 'wrap' the urethra in a patient with urinary retention one year after a sling procedure.

Methods:

An inverted U-shaped incision is made on the anterior vaginal wall over the distal third of the urethra. The periurethral fascia is incised lateral to the urethra on each side. Dissection is carried through the periurethral fibrotic tissue anteriorly to the bone. At the level of the bladder neck, lateral dissection is continued into the retropubic space to ensure proper mobilization of the proximal urethra and bladder neck. The urethra is grasped with a large Babcock clamp, and dissection is continued on the anterior surface of the urethra directly on the pubic bone. A quarter-inch Penrose drain is passed around the urethra. The Martius labial fat pad graft is harvested by making a vertical incision over the labia majora. The labial fat pad graft is mobilized taking care to preserve the inferior blood supply. A tunnel is created between the labia and the vagina, and the Martius fat pad is passed into the vagina without tension. The fat pad is passed anterior to the urethra and fixed circumferentially around the urethra to minimize the risk of recurrent fibrosis and obstruction. The fat pad graft is fixed into position without tension. The anterior vaginal wall flap is reapproximated with an absorbable suture. The labial incision is drained and closed in multiple layers. An antibiotic-soaked vaginal packing is placed and removed on the first post-operative day.

Results:

This urethrolisis technique with a Martius fat pad graft has encouraging early results. The procedure is well tolerated and excellent healing of the graft site is seen.

Conclusions:

Transvaginal urethrolisis is an excellent treatment option for the patient with urethral obstruction following surgery to correct incontinence. Using the Martius fat pad graft to wrap the urethra helps minimize the risk of recurrent periurethral scarring.

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Lonestar