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**Title:** URETHROLYSIS WITH MARTIUS LABIAL FAT PAD GRAFT FOR THE TREATMENT OF BLADDER OUTLET OBSTRUCTION FOLLOWING INCONTINENCE SURGERY

**Aims of Study:**

To evaluate the success of urethrolysis with Martius labial fat pad graft for patients with outlet obstruction following surgery for incontinence.

**Methods:**

45 women who underwent various incontinence procedures were found to have bladder outlet obstruction. Patients ranged from 37-78 years of age (mean 57 yrs) with a maximum follow-up of 34 months. Patients were evaluated with history, physical examination and urodynamics. Surgical treatment consisted of urethrolysis in which complete circumferential mobilization of the urethra was performed. Because of the concern for long-term success of the urethrolysis, a Martius fat pad graft was used in order to minimize periurethral scarring. The labial fat pad was harvested and passed anteriorly around the mobilized urethra and used to circumferentially wrap the urethra. A retrospective chart review was performed to determine the success of the procedure at two centers.

**Results:**

Preoperatively 15 (33%) of women had detrusor instability. For patients in urinary retention with large post void residuals, clean intermittent catheterisation was used in 14 (31%) patients, 1 (2%) was managed with a foley catheter and 7 (16%) were managed with a chronic indwelling suprapubic tube. Using urodynamic criteria for bladder outlet obstruction of maximum flow rate < 12 cc per seconds with at least 20 cm water of detrusor pressure, 29 (64%) met the criteria for obstruction. The remainder of patients were diagnosed based upon incomplete emptying and significant voiding dysfunction following a previous surgical procedure. Following urethrolysis with Martius fat pad graft, 39 patients (87%) had resolution of their bladder outlet obstruction with only 6 (13%) requiring continued clean intermittent catheterization. Postoperatively, 15/45 (33%) had urge incontinence, and 5 patients had stress urinary incontinence. 3/5 patients required surgical therapy to correct their stress urinary incontinence.

**Conclusions:**

The management of outlet obstruction following incontinence surgery is a challenging therapeutic problem. Transvaginal urethrolysis is an excellent treatment option for the patients with iatrogenic female urethral obstruction. Using the Martius fat pad graft to wrap the urethra appears to minimize the risk of recurrent periurethral scarring.

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