

ANALYSIS OF RISK FACTORS IN THE POST-TURP URETHRAL STRICTURE

Hypothesis / aims of study

Urethral stricture is a common complication after transurethral resection of prostate when treating BPH. It can be caused by many factors. We aim to explore the risk factors resulting in urethral stricture after transurethral resection of prostate.

Study design, materials and methods

We retrospectively analyze 31 cases that suffered from urethral stricture after transurethral resection of prostate.

Results

Following 1-24 months, 31 cases were suffered from dysuria and weak urinary stream. With urethrography and cystourethroscopy, urethral stricture has been diagnosed in all patients. 11 cases were anterior urethral strictures and 20 cases were posterior urethral strictures.

Interpretation of results

We analyzed reasons of causing urethral stricture as follows. (1) Anterior urethral stricture. Firstly, the sheath of the resectoscope was too large, or it advanced, retreated and rotated in urethra during procedures. That may cause injury of mucous membrane of urethra. In addition, long procedure time can cause periurethral inflammation, which result in stricture. Moreover, the external orifice of urethra in some cases was narrow and had to be incised before procedure, and postoperatively the cicatrix contraction can become stricture. (2) Posterior urethral stricture. The main reason was that inexperienced surgical skills make the prostate remnant too large. Deep resection of mucous membrane of vesical neck resulting in cicatrix formation and bladder neck contracture was another reason. Furthermore, ischemia and necrosis of urethral mucosa caused by dragging catheter and pressing posterior urethral membrane long time can also attribute to urethral stricture.

Concluding message

Posterior urethral stricture was more common than anterior urethral stricture after TURP. Noticing risk factors that attribute to postoperative urethral stricture could prevent or decrease the stricture occurrence.

Disclosures

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