ABSTRACT

- Female urethral stricture is rare but morbid
- It is commonly managed with serial urethral dilation, which rarely leads to a cure, causing significant expense and pain
- Buccal mucosa has not commonly been used in women with strictures
- Very little is known about the morbidity of the dorsal approach for female urethral stricture, including clitoral pain and incontinence
- The ventral approach has been more widely described in the literature
- Urethral dilation = 47% success (osman 2013)
- Ventral approach vaginal flap urethroplasty 57 pts = “91% success”, but 12 remain on CIC (osman 13)
- 19 total reported cases of dorsal buccal graft, largest series = 8pts. (Goel 2013)

METHODS: SupraMeatal Approach

RESULTS:

- Table 1: Published Approaches to Female Urethroplasty

Table 2a: Distress-Frequency Inventory (BDI-4)

<table>
<thead>
<tr>
<th>Item</th>
<th>How much are you bothered by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Frequent urination</td>
</tr>
<tr>
<td>2.</td>
<td>Leakage urgency</td>
</tr>
<tr>
<td>3.</td>
<td>Leakage frequency</td>
</tr>
<tr>
<td>4.</td>
<td>Small amounts of urine leakage (drops)</td>
</tr>
<tr>
<td>5.</td>
<td>Difficulty emptying your bladder</td>
</tr>
<tr>
<td>6.</td>
<td>Pain</td>
</tr>
</tbody>
</table>

HYPOTHESIS

- DOBU will have excellent LUTS quality of life scores.
- There will be similar recurrence rates to vaginal skin grafting, no fistula formation, no new post-op incontinence, and no greater risk of clitoral pain compared with ventral onlay, vaginal graft techniques.

REFERENCES