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PENILE INVAGINATION FROM THE PERINEUM PROVIDES SIMULTANEOUS MANAGEMENT OF DISTAL AND PROXIMAL URETHRAL STRICTURES THROUGH THE SAME INCISION

Introduction

Strictures of external meatus and fossa navicularis are managed through a subcoronal incision while strictures of the bulbar/membranous urethra are best approached through a perineal incision. We present the penile invagination technique, which provides simultaneous access to both distal and proximal strictures in cases with multiple urethral strictures.

Design

Ninety nine men (mean age: 58.2) that underwent urethroplasty for anterior urethral stricture between 2010 and 2015 were reviewed. Among them, 25 (25.2%) had multiple (>2) or long (>80mm) urethral stricture. The aetiology was lichen sclerosis in 8 and inflammatory/idiopathic in 17 patients. Patients were evaluated with the AUA symptom score, uroflowmetry, and combined retrograde urethrography/voiding cystourethrography. Under lithotomy position, bulbar urethra was exposed through a midline perineal incision. By dissecting from midline towards each side in a plane just above the Buck's fascia, penis was separated from its dorsal attachments and invaginated into the perineal incision. Depending on the location(s) and length of the stricture, a dorsal inlay or a ventral onlay oral graft urethroplasty technique was adopted in distal and proximal strictures, respectively. Foley catheter was kept for 2-3 weeks. Cure was defined as patient satisfaction associated with a normal-appearing flow curve at the last postoperative visit, and the absence of any restenosis requiring additional intervention.

Results

Ninety nine men (mean age: 58.2) that underwent urethroplasty for anterior urethral stricture between 2010 and 2015 were reviewed. Among them, 25 (25.2%) had multiple (>2) or long (>80mm) urethral stricture. The aetiology was lichen sclerosis in 8 and inflammatory/idiopathic in 17 patients. Patients were evaluated with the AUA symptom score, uroflowmetry, and combined retrograde urethrography/voiding cystourethrography. Under lithotomy position, bulbar urethra was exposed through a midline perineal incision. By dissecting from midline towards each side in a plane just above the Buck's fascia, penis was separated from its dorsal attachments and invaginated into the perineal incision. Depending on the location(s) and length of the stricture, a dorsal inlay or a ventral onlay oral graft urethroplasty technique was adopted in distal and proximal strictures, respectively. Foley catheter was kept for 2-3 weeks. Cure was defined as patient satisfaction associated with a normal-appearing flow curve at the last postoperative visit, and the absence of any restenosis requiring additional intervention.

Conclusion

Penile invagination technique offers urethral reconstruction from the tip of the meatus until the bulbomembranous urethra through a single perineal incision. This is particularly advantageous in the management of cases with multiple strictures and in patients with long (> 8cm) anterior urethral strictures extending from the meatus to the bulbar urethra.

Disclosures

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