

URETHROPLASTY USING DORSAL TAILORING FOR INCONTINENT MEGAURETHRA

Introduction

We present a case of a 67 years old lady who had constant daytime urinary incontinence for 40 years. Her personal history included an emergency hysterectomy for a miscarriage, which had severe complications and held her hospitalized for one entire year at the time. After that she developed a stress urinary incontinence, that progressively evolved to the complete day-time incontinence she presented in our clinic. She had been submitted to several procedures, including colpocleisis 20 years ago and a TOT sling 3 years ago, with no improvement to in-continenence. Another complaint that the patient had had before widowng, was dyspareunia after surgical management (patient did not know about the colpocleisis), which indicates that patient probably had "coitus per uretram". At examination, she had a megameatus, but as we were not able to extract more information from physical examination, she underwent a com-puted tomography and a bladder stone was identified, close to the bladder neck. After diagnosing these two findings, we submitted the patient to a vaginal approach in order to correct both defects at the same time.

Design

First we evaluated her urethra and bladder with a urethrocistoscopy, that showed a megaurethra and a stone attached to the eroded sling within the urethra. After examination of the rest of the bladder, which was normal, we approached the megaurethra through a suprameatal access. After dissection of the retropubic space and liberation of the urethra and bladder from pubic bone, opening of the urethra allowed to identify and excise the sling and stone. Excess of urethral tissue was excised and tailoring of the urethra on a 16Fr Foley catheter was carried with a 5-0 polydioxanone run suture, in two layers. A Martius flap was obtained and placed between pubic bone and urethra to avoid fixed urethra and in case the patient needs another procedure to achieve continence.

Results

Patient was left with Foley catheter for 10 days and 30 days after procedure, she has referred improvement in urinary continence pattern, still having leakage during stress, but with increase in quality of life scores.

Conclusion

Challenging cases in Female Urology are to be presented in order to share experience among peers and provide options in complicated surgeries.

Disclosures

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