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SHORT AND LONG-TERM ORAL COMPLICATIONS OF BUCCAL MUCOSAL GRAFT HARVEST FOR FEMALE AND FEMALE URETHROPLASTY

Hypothesis / aims of study

To delineate the long-term and oral complications of all patients having buccal mucosal graft (BMG) urethroplasty and identify risk factors (if any) for these complications.

Study design, materials and methods

A prospectively gathered database of all patients (male and female) having BMG urethroplasty in a referral centre has been reviewed. The data collected were: length and site of BMG harvest, method of closure (or not) of harvest site, patient demographics and short and long-term complications of BMG harvest.

Results

128 men (mean age 42.8 years; range 16-74) and 14 women (mean age 45.3 years; range 33-56) had BMG harvest as part of their urethroplasty procedure between 2001 and 2015 for men and 2009 and 2015 for women. 96% of men and 100% of women had their harvest site left unsutured after careful haemostasis. The mean harvest length was 3 cm for the female patients and 5.5 cm for the male. There were no acute returns to theatre for bleeding. 1 male patient with an unsutured graft site required suture of a troublesome bleeding site on ward the night of their surgery. There were no other acute complications reported. 1 male patient had a secondary bleed from their unsutured graft site 10 days post discharge following recommencement of anti platelet therapy on day 5 post surgery – this required a 2 unit blood transfusion after which his haemoglobin was 12 g/dl. 2.8% (n=4) of patients reported persistent oral complications at > 12 months requiring further attention. These complications included: prominent /tight scar in 2 cases and poor fitting of dentures in 2 patients requiring change in dentures in 1.

Interpretation of results

BMG harvesting has been demonstrated to be a safe procedure with a low rate of acute and chronic complications occurring in only 3.5%.

Concluding message

BMG harvest is a very safe procedure. The side-effects are: post-operative bleeding in 0.7%, scar prominence and rigidity in 1.4%, poor fitting denture in 1.4% and change in dentures in 0.7%. These side-effects are generally self-limiting and require treatment in only 1.4%.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** The study needs no approval of the Institutional Review Board (IRB) due to containing no samples from patients **Helsinki:** Yes **Informed Consent:** Yes