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SUBSTITUTION URETHROPLASTY WITH BUCCAL MUCOSAL-FREE GRAFTS – OUR EARLY EXPERIENCE.

Aims of Study

We report our early experience with buccal mucosa free grafts in patients with refractory bulbar urethral strictures and balanitis xerotica obliterans of penile urethra.

Methods

From 1997 onwards 23 urethral reconstructions were carried out using free grafts of buccal mucosa in 23 patients with a mean age of 44.7 years (range being 22 to 85 years). Of these 17 had bulbar urethral strictures (2 patients had previously failed substitution urethroplasties), and six had submeatal strictures due to balanitis xerotica obliterans. All of these patients had optical urethrotomies and/or bouginage in the past but without any long lasting benefit. Preoperative assessment included uroflowmetry, ascending and descending urethrogram, cystoscopy and urine culture sensitivity. Grafts were taken from either side of the inner cheek ranging from 3.5 to 8 cm in length and were used as onlay patches ventrally. At three weeks catheters were removed if urethrogram did not show any leaks. Afterwards patients were followed up in out patient clinics with uroflowmetry and urethrography at regular intervals.

Results

Our early results show an overall success rate of 74%, with only three patients having recurrence of strictures – one of these had previous tubularised preputial flap urethroplasty followed by second patch urethroplasty performed elsewhere. 3 patients had minor leaks in the immediate postoperative period which resolved spontaneously with little longer catheterisation. One patient had local infection which successfully responded to antibiotic therapy without any ill effects on the graft. Our patients have not reported any complications from the donor site.

Conclusions

Substitution urethroplasty with buccal mucosa shows physical properties beneficial to free graft survival with its abundant blood supply and is readily available. Comparing other methods buccal mucosal grafts are at least as good as any other material but with only fewer complications. Long-term efficacy of buccal mucosa is not yet known although a few reports show encouraging results.