

Urethroplasty

Definition

A Buccal Mucosal Urethroplasty uses the lining inside of the cheek to reconstruct the urethra (water pipe from bladder to opening).

Indications

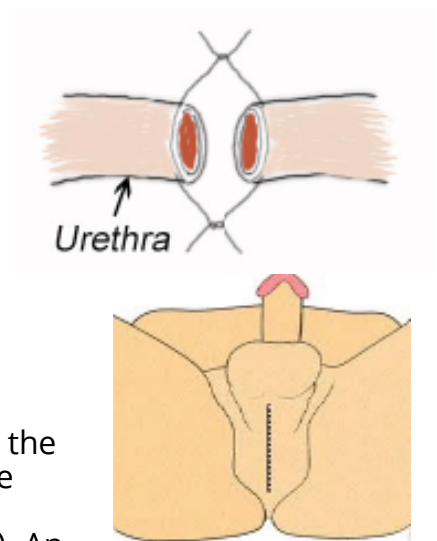
This procedure is used to correct strictures that cause narrowing of the urethra.

Procedure

After a general anaesthetic, a perineal incision is made between the scrotum and the anus. The urethra is dissected, and the stricture opened. A buccal (cheek) graft is harvested.

The urethra is patched with the graft (either at the back or front). An indwelling catheter is placed, and the wound closed around it in layers.

For penile stricture, a penile skin incision is made to carry out the surgery.



Post-Operative Care

After an overnight stay in hospital, you will be discharged the following morning.

For the first 48 hours:

- Rest and avoid constipation by drinking lots of water to flush your kidneys and bowels (stool softeners not required).
- Do not participate in labour intensive work or exercise
- No driving or major activity for 2 weeks. Do not lift more than 2 kilos i.e. a 2-litre container of milk.

Mouth Care

- Stiches are dissolvable.
- Use non-alcoholic mouth washes or Bonjela (available from pharmacy) three to four times a day for 2 weeks
- Pain and swelling can also be relieved with ice or icy drinks or Bonjela (available from pharmacy without a script).
- **AVOID** spicy/chilli or hot temperature foods and beverages for 5-7 days.

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Wound Care

- Stiches are dissolvable and a transparent dressing will be applied to the wound i.e. Duoderm Thin. The dressing may be removed in 5-7 days when it starts to lift.
- The wound may then be gently cleaned with soap and water in a shower and thoroughly patted dry.
- No prolonged immersion in water (baths/swimming pools) until the wound is healed.

Please report increasing redness, swelling, heat, bleeding, fever or a burning sensation of the wound to Dr Desai or your Nurse.

Catheter Care - ***Absolutely NO flip-flo valves are to be used.***

- The catheter is to be secured to the abdomen with a Stat-lock. Make sure that the catheter securing device is promptly reapplied if it comes off.
- The catheter is to remain on free drainage attached to a bag.
- Ensure the catheter piping does not become kinked.
- The catheter will remain in situ (in place) for up to 4 weeks.
- Yellow discharge around the catheter is very common. Small spots of blood around the catheter, in your urine, from the wound and mouth can also occur.

Uncommon side effects include:

Seek medical attention through Toowoomba Specialists, your local GP or your local Hospital's Emergency Department. Note: If you take blood thinners, please DO NOT take any further doses until you have sought medical attention.

- Dark red or wine coloured urine
- Passing blood clots through your catheter
- Fevers, chills, shakes or tremors
- Unmanageable pain
- Excessive bleeding or gaping of your mouth wound or penile wound

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Discharge Planning

Patients can be discharged once reviewed by Dr Desai.

Oral antibiotics for 5 -7 days on discharge.

Please check with Dr Desai as to when to restart taking your usual medication and blood thinners.

Follow up

You will receive an aftercare phone call from Dr Desai's rooms within 2 weeks of your procedure.

The catheter will be removed at a face to face appointment with Dr Desai 4 weeks after your procedure. Please contact the rooms to arrange.

For this appointment:

- Drink 2 litres of water the day prior
- Drink 1 cup of water every 15mins in the hour leading into your appointment.
- Allow 4-6 hours for this appointment—you will be required to pass urine 3 times. On the 3rd pass, a flowtest will be performed.

For any concerns, please contact Toowoomba Specialists during business hours or St Vincent's Private Hospital Toowoomba after hours.