Proximal urethroplasty: procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

Open repair of the urethra for a stricture close to the bladder (occasionally performed immediately after severe injury to the urethra)

What are the alternatives to this procedure?

Observation, optical urethrotomy, repeated stretching using metal/plastic dilators
What should I expect before the procedure?

You will usually be admitted on the day before your surgery. You will normally undergo preassessment on the day of your clinic or an appointment for preassessment will be made from clinic, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, junior Urology doctors and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Dalteparin), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

You will usually be given an injectable antibiotic before the procedure after checking for any drug allergies.

An incision is made over the stricture either on the penis or in the skin between the scrotum and the anus (the perineum). The scar is either cut away and the urethra re-joined over a catheter or widened with a piece of cheek lining (buccal mucosa) over a catheter. A graft may be taken from the
under surface of the tongue. A drain may be inserted and possibly a second catheter placed in the bladder through the lower abdomen. The wound is closed with absorbable sutures.

If a graft is taken from the cheek lining, this area heals quickly and does not require any stitches. If a graft is taken from the tongue, stitches are usually placed. A small dressing (pack) is usually inserted into the mouth to prevent bruising or swelling.

**What happens immediately after the procedure?**

If a graft has been taken from the cheek lining, a pack will be removed from your mouth within 12-24 hours. Antiseptic and anaesthetic mouthwash will be used regularly and wide opening of the mouth is encouraged. You are allowed to eat and drink straight after the operation but it may be a few days before you are fully comfortable with doing that.

If a drain is placed, the drain will in the perineum/scrotum and be removed after 36 to 48 hours.

The average hospital stay is 24-48 hours.

**Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure. Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction

**Common (greater than 1 in 10)**

- □ Discomfort in the mouth and restricted jaw opening If a graft has been taken from the cheek lining
- □ Swelling and bruising of the wound site
- □ Recurrent stricture formation requiring further surgery or other treatment
Occasional (between 1 in 10 and 1 in 50)

- Failure of the procedure requiring further surgery
- Wound infection requiring antibiotics
- Failure of the urethra to join completely, resulting in urinary leakage (a fistula)
- Loss of or altered erections as a result of injury or surgery to the urethra
- Need to carry out self-catheterisation to keep the urethra open
- Dribbling post-operatively due to “bagginess” of the graft
- Shortening of the penis
- Spraying of urine
- Numbness from the corner of the mouth from the graft harvest

Rare (less than 1 in 50)

- Painful intercourse with reduced ejaculation

Hospital-acquired infection (overall risk for Addenbrooke’s)

- Colonisation with MRSA (0.01%, 2 in 15,500)
- Clostridium difficile bowel infection (0.02%; 3 in 15,500)
- MRSA bloodstream infection (0.00%; 0 in 15,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

There may be some discomfort from the catheters and antibiotics usually needed for a period after surgery and are often needed until the catheter is removed.

Physical activity will generally be restricted for 2-3 weeks.

Jaw movements may be restricted If a graft has been taken from the cheek lining and wide opening of the mouth is encouraged.
What else should I look out for?
Any increasing pain, wound discharge or swelling should be reported to your GP immediately.

Men who undergo surgery in the perineum (between the anus and the scrotum) may find it easier to sit with your weight shifted onto your one of your buttocks. You may find it more comfortable to sit using an air-filled donut, soft cushion or another type of pillow, especially for the first four weeks after surgery. Any activity that requires you to straddle anything, such as riding a bicycle, motorcycle or a horse should be avoided for 4-6 weeks.

Are there any other important points?
Before the catheter is removed, an X-ray (urethrogram) will be arranged alongside the catheter in the penis, approximately 3 weeks after your operation, to ensure that the area has healed. If the X-ray is satisfactory, the catheter in the penis will be removed. If healing is not complete on the X-ray, the catheters will need to remain in place and a further X-ray will be arranged after another 3 weeks.

After catheter removal, you will be followed up in the outpatient clinic after 12 weeks with a flow test on arrival; it is important, therefore, to arrive for this appointment with a full bladder.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is require

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using an electric hair clipper, with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself, or use a razor for hair removal, as this can increase the risk of infection to the site of the operation. If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

References:
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)
Is there any research being carried out in this field at Addenbrooke’s Hospital?

The Urology Department is currently recruiting into the OPEN trial (NIHR HTA 10/57/23). This national trial is comparing open urethroplasty against endoscopic urethrotomy for men with recurrent bulbar urethral stricture.

Who can I contact for more help or information?

Oncology Nurses

Uro-Oncology Nurse Specialist
01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 274608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-351

Non-Oncology Nurses

- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748 or bleep 157-237
- Urology Nurse Practitioner (stoma care)
  01223 349800
- Urology Nurse Practitioner (stone disease)
  01223 349800 or bleep 152 879

Patient Advice & Liaison Centre (PALS)
- Telephone: +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine: *801 (from patient bedside telephones only)
- E mail: pals@addenbrookes.nhs.uk
- Mail: PALS, Box No 53
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

Chaplaincy and Multi-Faith Community
- Telephone: +44 (0)1223 217769
- E mail: chaplaincy@addenbrookes.nhs.uk
- Mail: The Chaplaincy, Box No 105
MINICOM System ("type" system for the hard of hearing)
- Telephone: +44 (0)1223 217589

Access Office (travel, parking & security information)
- Telephone: +44 (0)1223 596060

What should I do with this form?
Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature...........................................Date....................................

How can I get information in alternative formats?
Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.info@addenbrookes.nhs.uk

Polish Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.info@addenbrookes.nhs.uk

Portuguese Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.info@addenbrookes.nhs.uk
Addenbrooke’s is a smoke-free site. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169

Document history

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