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 GP or other healthcare professionals. 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 receive an appointment for pre-assessment, approximately 14 days before your admission, 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, Specialist Registrar, House Officer 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 (Clexane), 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 drain will 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. A small dressing (pack) is usually inserted into the mouth overnight 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 the following day. 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.

The drain will in the perineum/scrotum be removed after 36 to 48 hours.

The average hospital stay is 3 to 4 days.

**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

**Rare (less than 1 in 50)**

- Painful intercourse with reduced ejaculation

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

- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer,)
What should I expect when I get home?
When you leave hospital, you will be given a “draft” 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 are usually 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.

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.

Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.
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 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

**Non-Oncology Nurses**
- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
  01223 349800

**Patient Advice & Liaison Centre (PALS)**
- Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- Patient Line
  *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
  derek.fraser@addenbrookes.nhs.uk
- Mail
  The Chaplaincy, Box No 105
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

**MINICOM System ("type" system for the hard of hearing)**
- Telephone
  +44 (0)1223 274604
Access Office (travel, parking & security information)
- Telephone
  +44 (0)1223 586969

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.information@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.information@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.information@addenbrookes.nhs.uk

Russian  Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese  若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Turkish  Bu bilgiyi diğer dillerde veya büyük baskıyla da sesli formatta isterseniz lütfen su numaradan kontakt kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk
Bengali

এই তথ্য বাংলায়, বড় অক্ষরে বা অক্ষীর টেপে পেতে চাইলে দর্শন করে 01223 216032 নম্বরে কেন করলে বা patient.information@addenbrookes.nhs.uk করে লিখলে করলে।

Addenbrooke’s is smoke-free. 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