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A Novel Approach to Short Bulbar Urethral Strictures: Ventral Urethrotomy for a Non-Transection Excision and Primary Anastomosis

Alexander Geisenhoff

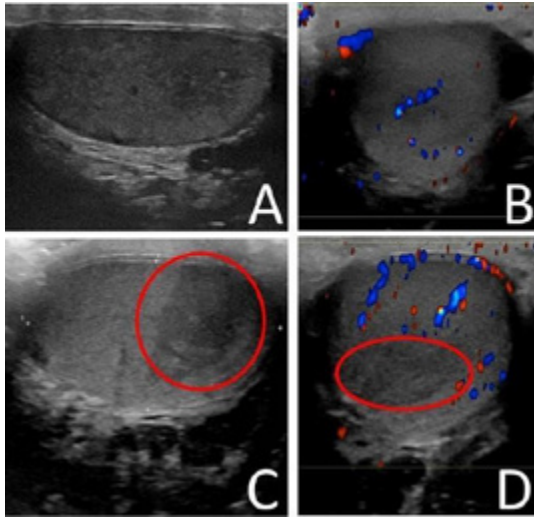
Samantha Kraemer

Frank Burks

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Poster #94

A NOVEL APPROACH TO SHORT BULBAR URETHRAL STRICTURES: VENTRAL URETHROTOMY FOR A NON-TRANSECTING EXCISION AND PRIMARY ANASTOMOSIS

Alexander Geisenhoff, MD, Samantha Kraemer, MD, Frank Burks, MD
Beaumont Health, Royal Oak, MI

Presented By: Alexander Geisenhoff

Introduction: Excision and primary anastomosis (EPA) has been the gold standard procedure for definitively managing short bulbar urethral strictures. A non-transecting approach was developed to help preserve proximal blood supply of the urethra. The previously described technique involves a dorsal urethrotomy and excision of the stricture without disrupting the anterior spongiosum. We describe a novel approach by performing a ventral urethrotomy leaving the posterior spongiosum intact. By not requiring urethral rotation, we believe this technique is simpler and does not compromise outcomes.

Methods: Retrospective chart review was performed on 8 consecutive patients from April 2019 to February 2021 who underwent non-transecting EPA with ventral urethrotomy for short bulbar urethral strictures. We reviewed demographics and when available pre and postoperative data points including uroflow, post-void residuals, SHIM and AUA scores.

Results: All 8 patients underwent the aforementioned procedure. Average age was 48.6 years, and average stricture length was 1.375 cm. All 8 patients underwent postoperative voiding cystourethrogram at 2 weeks which confirmed no contrast extravasation and no residual stricture. We had a stricture free rate of 100% (8/8 cases) with median follow-up time of 4 months (range 0-14 months). Average increase in Q-max was 14.2 mL/s.

Conclusion: Our case series demonstrates that non-transecting EPA with ventral urethrotomy is a safe and effective alternative to dorsal urethrotomy for the management of short bulbar urethral strictures with the added benefit of requiring less complexity.

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