PROGRESSIVE PERINEAL URETHROPLASTY: HOW FAR DO WE PROGRESS? A RETROSPECTIVE STUDY FROM A TERTIARY CARE SET-UP IN EASTERN INDIA

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OBJECTIVE:
Our experience from a tertiary care setup in Eastern India, with transperineal bulboprostatic anastomotic urethroplasty is presented. All post-trauma cases who needed supra pubic diversion and was electively placed on the operating list for the procedure. Results are compared.

MATERIALS AND METHODS:
We retrospectively reviewed the outcome of 18 patients who presented to the emergency with pelvic fractures and urinary retention and needed a suprapubic catheter from November 2011 to February 2014. Only 11 made it to the operating room for definitive management of PFUDD. Simple perineal anastomosis was done in 2 patients. Perineal anastomosis and corporal separation were done in 4 patients. Perineal anastomosis with inferior pubectomy was done in 5 patients. None required more "progressive" procedure like rerouting and transpubic approaches. Age, prior treatment, length of stricture, and ancillary techniques required during reconstruction were compiled. The clinical outcome was considered as failure if the patient developed stricture requiring further management.

RESULTS:
Out of 11 cases that underwent transperineal urethroplasty procedure, all were successful if the above-mentioned criterion was considered. However, 2 patients underwent further procedure for calculi removal from the bladder. One patient was incontinent.

The success rate of delayed progressive perineal urethroplasty procedure for post-traumatic stricture urethra is excellent and majority of the patients may not require progression beyond inferior pubectomy. Corporal rerouting and transpubic approaches are probably required under extenuating circumstances like primary failure and the rare extensive fractures that seldom make it for definitive management post supra pubic cystostomy.