Urology Department

Proximal Urethroplasty

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 of your surgery. You will normally undergo pre assessment on the day of your clinic or an appointment for pre assessment 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 six 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.

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

What happens immediately after the procedure?

If a graft is taken from the cheek lining, a pack will be removed from your mouth within 12 to 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 removed after 36 to 48 hours.

The average hospital stay is 24 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 one 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 one in 10 and one 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 one in 50)**
- [ ] Painful intercourse with reduced ejaculation

**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 two to three 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 four to six 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 three 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 three 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 three 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 required.

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 need to see or reach your skin and if this is necessary they will use 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 to remove hair, as this can increase the risk of infection. Your healthcare team 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 and 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 and 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
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ
MINICOM System ("type" system for the hard of hearing)
Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)
Telephone: +44 (0)1223 596060

What should I do with this leaflet?
Thank you for taking the trouble to read this patient information leaflet. 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 leaflet 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 patient information leaflet and I accept the information it provides.

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

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team:
patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
Authors Mr Nikesh Thiruchelvam (on behalf of the Consultant Urologists)
Pharmacist Olufoleke Ajose-Adeogun
Department Department of Urology, Box No 43
Cambridge University Hospitals NHS Foundation Trust, Hills Road,
Cambridge, CB2 0QQ www.cuh.org.uk / www.camurology.org.uk
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