

## Frequently asked questions

- Q. Can urethral strictures be treated with medications?
- A. No. Unfortunately scar tissue cannot be removed or bypassed without surgery.
- Q. What can occur if no treatment is taken?
- A. The patient would have to continue to tolerate problems with urination. Urinary and/or testicular infections and stones can develop. Also, there is a risk that urinary retention may occur which can cause the bladder to enlarge and lead to kidney problems.
- Q. Are there other options?
- A. Repeated dilation can be considered, but is not recommended. Long-term success rates are very low with repeated dilation, but this approach can be considered in patients who are not good candidates for reconstructive surgery (or do not want to undergo surgery).
- Q. What are the risks of surgery?
- A. All surgeries carry a small risk of bleeding, infection, and injury to adjacent organs. Specific risks for urethral surgery are possible changes in sexual function. Although uncommon, poor erections, minor penile shortening, penile curvature and changes in ejaculation may occur. Bladder control is rarely impacted, but your doctor will discuss with you if the location of your stricture might compromise urinary control.

## Notes

### Mass General Brigham

<https://www.massgeneralbrigham.org>

### Department of Urology

<https://www.brighamandwomens.org/surgery/urology>



## Urethroplasty

A procedure for  
urethral strictures

## What is a urethral stricture?

A urethral stricture is a scar in or around the urethra, which can block the flow of urine, and is a result of inflammation, injury or infection.

### Common symptoms include:

- painful urination
- slow urine stream
- decreased urine output
- spraying of the urine stream
- blood in the urine
- abdominal pain
- urethral discharge
- urinary tract infections

## What are the treatment options?

Treatment options for urethral stricture disease are varied and depend upon the length, location and degree of scar tissue associated with the stricture. Options include enlarging the stricture by gradual stretching (dilation), cutting the stricture with a laser or knife through a telescope (urethrotomy) and surgical removal (excision) of the stricture with reconnection and reconstruction with grafts (**urethroplasty**).

After one dilation or urethrotomy, guidelines recommend proceeding to **urethroplasty** if the scar tissue returns. This is because the chance of success on a repeat dilation or urethrotomy is very low.

## What are the success rates?

Because urethral strictures can recur at any time after surgery, **patients should be monitored by a urologist.**

- First dilation: ~50% success
- Repeat dilation: <30% success

- Urethroplasty:  
Excision with primary anastomosis: ~95%  
Grafting with buccal mucosa: ~85%  
*(The technique selected depends on length and location of stricture)*

## What to expect

- Urethroplasty usually takes **2-3 hours**. You will be put under anesthesia before the surgery. This means you will be deeply asleep and will not feel anything during the procedure.
- The operation is performed through an incision in the perineum (area between scrotum and anus).
- Once the procedure is over, you will be brought to the **PACU (Post-Anesthesia Care Unit)** to allow the anesthetic to wear off. Patients are generally allowed to go home the same day but will sometimes be asked to stay overnight.
- **Make sure you plan for a family member or friend to drive you home after the procedure.**



## After your urethroplasty

- A foley catheter is left in place after surgery to allow the urethral reconstruction to heal. This is typically required for **3 weeks**, and an x-ray is performed prior to removal to ensure healing has occurred.
- You should avoid strenuous activity and heavy lifting for **6 weeks** after surgery.
- Increase fluid intake and eat fiber-filled foods after surgery. This will help to avoid straining during a bowel movement.
- You should plan to be out of work for at least a **week** following surgery, or longer if you cannot work with a catheter in place. Your ability to return to work after surgery depends on your work requirements.

## Post procedure Symptoms

These symptoms are **normal for 4-5 days** after your procedure:

- Swelling of the scrotum; try ice packs and tight-fitting underwear to minimize the swelling
- Bruising of the scrotum
- Discomfort from the foley catheter

These symptoms are **abnormal**—please call the Urology clinic if you have any of the following symptoms:

- Changes in your urine output, color, or odor
- Increasing blood or clots in your urine (dark red clots the size of a quarter or larger)
- Fever above 101° F and/or chills