DIVISION OF STRICTURE / OPTICAL URETHROTOMY / BLADDER NECK INCISION

Stricture is scar tissue that forms within the urethra, narrowing the tube diameter and obstructing the flow of urine from the bladder. In most instances, the cause is unknown. However, it may be secondary to injury or infection.

Depending on the length and position of the stricture, it may be treated telescopically (optical urethrotomy). This avoids some of the risks of open surgery and allows for a shorter hospital stay, usually overnight only, and rapid recovery of normal function. It is performed under general anaesthetic, the stricture being incised to allow the telescope to pass into the bladder. A catheter may be left a few days to splint the urethra open.
Although frequently initially successful, stricture may recur in > 50% of patients and further treatment required.

Bladder neck obstruction (BNO), like stricture, may be scar tissue following previous prostate surgery, or may be a primary problem of muscular spasm during voiding. Again, urine flow is reduced and bladder drainage obstructed.
The majority of BNO may be treated telescopically, but unlike stricture, recurrent BNO is uncommon. However, < 20% of patients develop reduced (retrograde) ejaculation from this surgery, which may interfere with fertility.

WHAT TO DO BEFORE YOUR PROCEDURE:

- ensure a urine sample is tested at the laboratory 1 week prior to procedure, unless advised otherwise
- discontinue aspirin and other anticoagulants 1 week prior, other medications may also need to be stopped
- nothing to eat or drink from 6 hours prior to procedure - see Admission Booklet regarding diet restrictions

WHAT HAPPENS AFTER YOUR PROCEDURE:

- day 1 - 2: urethral catheter will be removed and voiding assessed, before going home
- withhold aspirin and other anticoagulants for 1 week but reinstate other usual medications
- increase fluid intake to wash out the bladder
- you may not drive for 24 hours post procedure and see Admission Booklet regarding further restrictions following general anaesthetic
- avoid heavy lifting for 2 weeks; thereafter resume normal activity including sexual intercourse

WHAT CAN GO WRONG:
Although most cases proceed without particular difficulty and have excellent outcomes, surgical complications occur overall in 5% of patients. The list below details complications recognised as common or serious, but this does not include the rare and extraordinary.

- Following removal of the catheter, most patients experience some burning with voiding, frequency and urgency, but this settles fairly rapidly
- Bleeding requiring blood transfusion in < 1%
- Urinary tract infection may require antibiotic treatment <3%
- Numbness or tingling in legs and perineum is usually temporary
- Temporary erectile dysfunction is reported, but resolves spontaneously; retrograde ejaculation may be permanent
- Persisting lower urinary symptoms
- Stricture recurrence
- Risk of death may be estimated using the nzRISK https://nzrisk.com on-line pre-operative calculator. It has been developed and validated for patients in New Zealand over the age of 18, to help patients and doctors balance benefits and risks of treatment.