

Retrospective Analysis of the Results of Surgical Treatment of Patients with Long Strictures and Obliterations of the Urethra

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Abstract

From 2010 till 2019 we operated 147 patients were identified with relapsed UO in bulbous/membranous/prostatic segments of urethra. There were performed: 1) Dorso-ventral buccal mucosa graft augmentation urethroplasty (BMG-AU) and replacement buccal plastic of the urethra – in 73/147 (49.7%), group 1; 2) prepuce-fascio-cutaneous flap-AU (PFCF-AU) – in 12/147 (8.2%), group 2; 3) resection of UO and urethra-vesical anastomosis (RUVA) – in 65/147 (44.2%), group 3. In last group the length of UO was <2 cm. The causes of UO were distracting post-traumatic urethral defect in 80 (54.4%) patients and post-operative UO – in 32 (21.8%): transvesical adenomectomy – in 6 (4.1%), open retropubic radical prostatectomy – in 2 (1.4%), retropubic adenomectomy – in 5 (3.4%), and transurethral resection of the prostate – in 13 (8.8%). Post-inflammatory strictures of the urethra were observed in 24 (16,3%) patients. Urethral strictures caused by congenital anomalies amounted to 12 (8,2%) cases. In the history of these patients several surgeries for hypospadias. Catheterization time was <20 days – in 98 (66.7%) and >21 days – in 49 (33.3%). The mean length of postoperative hospitalization (LOH) was 9.2 (SD=1.5) days in 1st, 2nd groups and 12.4 (SD=3.5) days in 3rd group. In the early postoperative period, complications of the second degree according to Clavien were noted: acute urinary retention (ACS) - seven (4.8%) observations, orchepididymitis - 12 (8.2%), perineal occlusion - 3 (2.0%). In the late postoperative period, complications of three types were observed: Clavien II, IIIb, IV. The effectiveness of different types of urethroplasty ranged from 63,2% to 72,7%.

Biography

Sergey Shamrayev at the age of 37 he defended his doctoral dissertation. In 2006 he received the title of senior researcher. In 2009-2014 he held the position of Head of the Department of Urology of DonNMU. Since February 1, 2018 he has been working as the head of the urology department No. 4 and a

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