



ENDOSCOPIC (TELESCOPIC) TREATMENT of a URETHRAL STRICTURE

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

Further, general information about strictures can be found in the leaflet [Urethral Stricture Disease](#).



<http://rb.gy/u4d3f>

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser:

KEY POINTS

- Endoscopic procedures to treat urethral stricture disease rarely result in permanent cure of the condition
- The two main techniques are internal optical urethrotomy and urethral dilatation
- They are often used as an initial treatment for a stricture because they are less invasive than reconstructive surgery
- They are well-established techniques, available at every urological unit in the UK

What does this procedure involve?

Endoscopic (keyhole) procedures do not involve any cuts in your skin. They are usually performed on a day-case basis. You may require a temporary bladder catheter for one to ten days afterwards, and you may need to learn to dilate (stretch) your own urethra with a catheter after the procedure.

What are the alternatives?

- **Observation** - “doing nothing”
- [Open surgery](#) - reconstructive surgery i.e. urethroplasty or meatoplasty

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

Meatal/urethral dilatation

Dilatation is where the urethra or the meatus (external opening) are stretched under local or general anaesthetic. After lubricating the urethra with local anaesthetic gel, we stretch the urethra using dilators (plastic or metal, pictured) of increasing size. We may also perform [telescopic inspection of your urethra](#) (urethroscopy) as part of the procedure. Dilatation can also be done with a balloon, using a system called Optilume®.

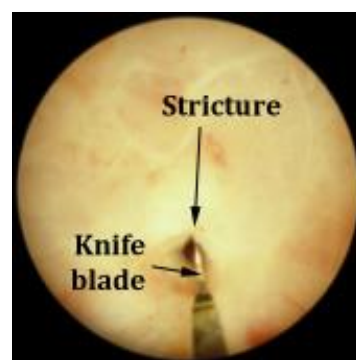


We can usually do a dilatation on a day-case basis. If you have had a catheter put in afterwards, we normally remove this in outpatients one to ten days later.

Optical urethrotomy









This begins with an antibiotic injection into a vein, after we have checked carefully for any allergies. We then cut through the stricture using a small knife (pictured). All the cutting is internal so there is no need for external stitches.



Most patients need to have a bladder catheter put in the urethra after this procedure. You will go home with this catheter in place. We may teach you to remove it yourself at home or arrange its removal either in the community or in your hospital outpatient department.



Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

| After-effect | Risk |
|--|--|
| Mild burning or bleeding for a short time after the procedure when passing urine |  Between 1 in 2 & 1 in 10 patients |
| Urinary tract infection requiring treatment with antibiotics |  Between 1 in 2 & 1 in 10 patients |
| Recurrence of the stricture requiring repeat or alternative treatments |  Between 1 in 2 & 1 in 10 patients |
| Damage to the urethra resulting in a "false passage" requiring further surgery or insertion of a suprapubic catheter |  Between 1 in 10 & 1 in 50 patients |
| Infection around the urethra resulting in formation of an abscess |  Between 1 in 10 & 1 in 50 patients |
| Permission for telescopic removal/biopsy of a bladder abnormality or stone (if found) |  Between 1 in 10 & 1 in 50 patients |
| Delayed bleeding requiring removal of clots or further surgery |  Between 1 in 50 & 1 in 250 patients |
| Decrease in the quality of erections requiring treatment |  Between 1 in 50 & 1 in 250 patients |

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|---|---|
| Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death) |  <p>Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)</p> |
| Penile bending on erection due to the formation of scar tissue |  <p>Between 1 in 50 & 1 in 250 patients</p> |

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a “high-risk” group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- we will give you advice about your recovery at home
- we will show you how to manage/remove your catheter (if one has been inserted)
- we will arrange for catheter supplies to be delivered to you, if required
- we will also arrange a date and venue for removal of your catheter, if required
- if post-operative self-dilatation is needed, we will send you an appointment to teach you how to do this
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- we will arrange a follow-up appointment for you

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker,

- heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You can check the results of operations for urethral stricture surgery from individual hospitals & surgeons in the [Patients' section of the BAUS website](#). You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical

procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.