

strictures (5 penian, 24 bulbar and 13 membranous) which have been treated by BEP. 28 cases had perineal urethral trauma, 12 cases had recurrent inflammatory stenosis and 2 cases had previous prostatic surgery. All cases underwent previous suprapubic cystostomy. In 34 cases, we used the "cut-to-light" technique (flexible cystoscope introduced antegradely), and in 8 cases the incision was made over the guidewire placed in an antegrade manner (23 cases with cold-knife and 19 cases with Nd:YAG laser). The mean follow-up period was 58 months.

**Results:** In 39/42 patients (92.9%), the procedure was successfully carried out. However, the global recurrence rate was 53.8% (21/39 cases), imposing further endoscopic management in order to maintain urethral patency. Regarding the location of the stricture, the recurrence rate was: 50% for penile, 47.8% for bulbar and 66.7% for membranous urethra. The recurrence rate was 65.2% (15/21 cases) for patients treated by cold-knife incision by comparison to 33.3% (6/18 cases) in those treated with Nd:YAG laser. The mean recurrence period was 11 months.

**Conclusions:** BEP, performed especially by the "cut-to-light technique", represents an alternative for complete urethral stenosis. This method may constitute the first-choice treatment alternative, especially for severe strictures of the bulbar urethra.

#### C114

##### Management of posterior urethral distraction injury

J. Bizjak<sup>1</sup>, S. Poteko<sup>2\*</sup>, K. Jagodič<sup>1</sup>. <sup>1</sup>General Hospital, Dept. of Urology, Celje, Slovenia; <sup>2</sup>General Teaching Hospital Celje, Dept. of Urology, Celje, Slovenia

**Introduction and Objectives:** Management of posterior urethral distraction injuries with a pelvic fracture are a challenge for urologic surgeons. The goal of resolving a prostatomembranous urethral injury is to provide a patent urethra with no additional complications. Suprapubic cystostomy placement with delayed surgical urethral reconstruction is the treatment of choice.

**Material and Methods:** Between March 2006 and January 2009 8 patients (range 40–64 years) with posterior urethral distraction injury were treated at our department. After retrograde uretrogram with presence of complete posterior urethral rupture a suprapubic cystostomy was inserted. 5 patients had also a pelvic fracture. The mean time to delayed anastomotic posterior urethroplasty was 6.5 months (range 4–8). Perineal anastomotic urethroplasty was performed in 7 patients and abdominoperineal in 1 patient. We separated penile corporal bodies in every case to achieve tension free bulboprostatic anastomosis with 8 sutures. A nose speculum was used to open prostatic apex and insert stitches from outside in, including the mucosa tissue. An urethral catheter was removed after 30 days. A suprapubic cystostomy was removed after spontaneous voiding with residual urine under 100 ml.

**Results:** Median follow up was 16 months (6–24). There were no operative and early postoperative complications. 1 patient noticed decrease of erectile function after removal of catheters. All patients are continent. Patients were followed up with uroflowmetry 3m., 6m. and 12m. after reconstruction of urethra. 5 patients had satisfactory uroflowmetry with median Q<sub>max</sub> 16 ml/s at 3 m. and 15 ml/s at 12m. 3 patients were treated with addition internal urethrotomy. 2 of them developed short stricture with decrease in Q<sub>max</sub>. They were treated with internal urethrotomy 3 m. and 8 m. after anastomotic urethroplasty. Our first patient treated with delayed urethroplasty developed acute urinary retention 2 weeks after removal of catheters. He was treated with internal urethrotomy 2 weeks, 2m., 4m. and 6m. after acute urinary retention. Patients with additional internal urethrotomy had Q<sub>max</sub> 19 ml/s after 3m. and Q<sub>max</sub> 17 ml/s after 12m. There were no need for second urethroplasty.

**Conclusions:** We changed our therapeutic approach from early catheter-assisted realignment to suprapubic cystostomy and delayed urethral reconstruction. With experiences in reconstructive urethral surgery is this treatment safe with good long term results.

#### C115

##### Outcomes of dorsal inlay graft TIPU technique in primary hypospadias repair: Prospective clinical study investigating early and late-term urine flow measurements

M.S. Silay<sup>\*</sup>, H. Sirin, T. Karatag, O. Tanriverdi, M. Kadihasanoglu, K. Horasanli, C. Miroglu. *Sisli Etfal Training and Research Hospital, 2nd Dept. of Urology, Istanbul, Turkey*

**Introduction and Objectives:** Tubularized incised plate urethroplasty has become a popular technique for repairing distal and proximal hypospadias in many institutions. Dorsal inlay graft urethroplasty has been described as an effective method for hypospadias repair and leads to good cosmetic outcome with low risk of complications. The main advantages of this procedure are; early removal of the urethral catheter and reducing the risk of meatal stenosis. We aimed to prospectively evaluate urine flow rates at early and late-term follow-ups in the dorsal inlay graft urethroplasty technique in primary hipospadias repair.

**Material and Methods:** Consecutive 45 patients with primary hypospadias undergoing TIPU by using inlay dorsal graft between June 2006 and June 2008 were enrolled into this study. Posterior urethral plate is incised and the graft prepared from prepuce is sutured from the old meatus to the tip of the glans. Urethra is sutured with 6/0 vicryl over the 8f urethral catheter. The urethral catheters were removed at 24–48 postoperatively in all subjects. Urine flow measurements were performed at early and late follow-up periods. The uroflowmetric parameters were compared between a mean of 10 days and 8.7 months postoperatively using the t test and p<0.05 was accepted as statistically significant. All patients were also evaluated for the cosmetic results and complications rates.

**Results:** The mean age of all cases was 7.36±3.95 (2–17) years. Two patients had proximally and 43 had distally located hypospadias. In all patients, neo-meatus with a slit-like appearance was observed postoperatively at the tip of the glans penis. Postoperative fistula was encountered in 6 patients (13.33 %). No stenosis has been detected in all subjects. In patients who achieved voiding habit and who did not have chordee or fistula, an uroflowmetric study was carried out at 10 days and a mean of 8.7 months postoperatively. A urine flow measurement at 10 days (Mean Q<sub>max</sub>: 7.85±3.52 ml/sec and Q<sub>ave</sub>: 4.86±2.15 ml/sec) and 8.7 months (Mean Q<sub>max</sub>: 9.34±5.4 ml/sec and Q<sub>ave</sub>: 6.85±4.17 ml/sec) revealed statistically comparable results (p=0.357 and p=0.203, respectively).

**Conclusions:** Dorsal inlay graft urethroplasty allows the early removal of the urethral catheter after hypospadias repair. In this study, we demonstrated that uroflowmetric parameters in a successful TIPU procedure with inlay dorsal graft were not different and the complication rates are satisfying at the early and late follow-up periods.

#### C116

##### Primary management of the posterior urethra by traction over the Foley catheter in patients with pelvic fractures

M.K. Rebek<sup>1\*</sup>, A. Kruscic<sup>2</sup>, D. Bratuš<sup>1</sup>, G. Hlebič<sup>1</sup>, A. Kolenc<sup>1</sup>, M. Križančič<sup>2</sup>. <sup>1</sup>University Clinical Center Maribor, Dept. of Urology, Maribor, Slovenia; <sup>2</sup>University Clinical Center Maribor, Surgical Emergency Center, Maribor, Slovenia

**Introduction and Objectives:** Pelvic fractures with injury to the posterior urethra are quite rare. There is no uniform policy