

Endoscopic Balloon Dilatation for Male Urethral Strictures: A Critical Analysis

Introduction and Objectives: Study was done to analyze the results of BD for short segment male urethral strictures and need of ancillary procedures.

Materials and Methods: Retrospective analysis was done for 120 patients undergoing urethral balloon dilatation over a period of last 8 yrs. *Inclusion criteria* were short (< 1.5 cm) stricture. *Exclusion criteria* were pediatric, long (>1.5cm), traumatic, malignant strictures. Presentation of patients, urine test, ascending urethrogram, pre and postoperative International Prostate Symptoms Score (IPSS) and uroflowmetry, need for self calibration /ancillary procedures were studied. Failure was defined as requirement of the other endoscopic or open surgery. BD was performed in local/ spinal anesthesia. Cook's TM 24 Fr balloon passed over a guide wire after on table AUG or under cystoscopic guidance and inflated till 21 psi for 5 min under fluoroscopy to see the disappearance of waisting. Patients were followed at 1, 3 and 6 months. Patients with a recalcitrant stricture were commenced on clean intermittent catheterization.

Results: Mean age was 49.86 years. Mean follow-up was 6 (2–60) months. IPSS improved from 21.6 preoperative to 5.6 post operatively. Mean Q max increased from 5.7 to 19.1 and PVR decreased from 90.2 to 28.8 ($p < 0.0001^*$) postoperatively. At one, 3 and 6 monthly follow-ups 69.2% (n=82) patients remained symptoms free. Remaining patients required secondary procedures. No major complications were noted.

Conclusion: BD is a safe and well-tolerated with minimal complications. Short-term efficacy is excellent.