

Treatment of Traumatic Disruption of the Membranous Urethra by Endoscopic Urethral Realignment

Introduction and Objectives: Traumatic injury with complete disruption of the posterior urethra results in a wide gap between the disrupted urethral ends. Suprapubic cystostomy with subsequent urethroplasty is a time consuming and challenging line of management. We demonstrated that early endoscopic urethral realignment resulted in complete mucosal healing, with a low incidence of mild urethral strictures that can be easily repaired by visual urethrotomy.

Material and Methods: Nine male patients sustained urethral injury following RTA with complete disruption of the membranous urethra. Urethral realignment was done within 36 hours from the time of the accident, with insertion of an indwelling urethral catheter. Urethroscopic assessment was done after 6 and 12 weeks to follow progress in urethral healing.

Results: Progressive and consistent mucosal growth was demonstrated by follow up urethroscopy. Complete healing was achieved within 12 weeks after urethral realignment. Carefully repeated urethroscopy did not compromise the site of injury or the healing process. Two male patients developed a short stricture that was successfully treated by visual urethrotomy. None of the patients required surgical urethroplasty.

Conclusion: Urethral realignment should be the primary line of management for traumatic urethral disruption. This simple technique reduces the risk of development of urethral strictures. When a urethral stricture develops, it is usually mild and is easily managed by visual urethrotomy.