## Do Urethrograms Post-Urethroplasty Predict Outcome and Aid Timing of Catheter Removal?

**Introduction and Objective:** We undertake urethrograms 2-3 weeks after anastomotic or buccal mucosa graft 'BMG' substitution urethroplasty. This aids in the clinical decision regarding trial without a catheter 'TWOC'. This study aims to evaluate urethrogram findings post urethroplasty, and the subsequent action in relation to TWOC.

**Materials and Methods:** Data were compiled on all urethrograms and urethroplasties performed from 2005-2011. All distal strictures, repeat urethroplasties and fistula repairs were excluded from this evaluation. Patients with more than one urethrogram after the operation were examined based on the action of each urethrogram result.

**Results:** There were 34 urethrograms during this period, 52.9% demonstrated a leak. Urethrograms post Anastomotic Urethroplasty (n=12): Median time of urethrograms post Urethroplasty was 20 (11-45) days, median time to TWOC was 24 (20-45) days. *Leak on Urethrogram:* 

Six patients had a leak. Three out of the 6 patients had a successful TWOC. The remaining 3 patients underwent repeat urethrograms over 1-4 weeks. Two patients had a persistent leak but a successful TWOC. The remaining patient had no leak and a successful TWOC.

No leak on Urethrogram:

All patients with no leaks had a successful TWOC.

Urethrograms post BMG Urethroplasty (n=22): Median time of urethrograms post Urethoplasty was 22 (13-65) days, median time to TWOC was 24 (18-67) days.

Leak on Urethrogram:

Eight patients had a leak. Five out of the 8 patients had a successful TWOC. The remaining 3 patients underwent repeat urethrograms over 2-6 weeks. Two patients had a persistent leak but a successful TWOC. The remaining patient had no leak and a successful TWOC.

No leak on Urethrogram:

All patients with no leaks had a successful TWOC except one.

**Conclusions:** We appreciate that numbers are low to make statistically significant comments. Nonetheless, all patients **except one** underwent a successful TWOC despite the results of urethrograms. There appears to be no correlation with the presence of leak and outcome. With no consensus on this issue; and widespread clinical variation with regards to post-urethroplasty urethrograms, its timing or interpretation of results (degree or scale of leak) we welcome the development of clinical trials to aid in clinical guideline development.