

Lingual Mucosa Harvest Technique

Introduction and Objective: The use of oral mucosa in urethral reconstruction is very popular. Because of this many complicated patients have had bilateral buccal (inner cheek) mucosa grafts harvested. In patients in which another graft is needed at a subsequent surgery, the buccal mucosa may not be adequate and in these patients a lingual graft is another option. Lingual mucosa graft constitutes an acceptable resource in the armamentarium of the genitourinary reconstructive surgeon. Since first described in 2006 by Simonato, this graft has achieved comparable results to other oral graft. It is our purpose to show the technique of harvesting a lingual mucosa graft as an alternative to reconstructing the urethra when there is a lack of oral tissue.

Materials and Methods: (Surgical technique) The patient is in supine position. A tacking suture is placed at the tip of the tongue. The graft is marked at the ventral aspect of the tongue, between the papillary line and the frenulum. Lidocaine solution is injected to help with dissection and postoperative analgesia. The graft is elevated with scissors. Hemostasis is achieved with bipolar electrocautery and the donor site is closed with 4/0 Vicryl suture.

Results: Patients report mild donor site discomfort for about 48 hours. Patients reassume regular diet the day after the surgery. No functional or aesthetic results were encountered.

Conclusions: The lingual mucosa graft is a valid alternative to reconstruct the urethra when there is a lack of oral tissue in a previously reconstructed patient or when a large amount of tissue is necessary. The harvest technique is safe, reproducible and has minimal side effects. The tongue constitutes a graft source for the modern reconstructive urologist.

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