## 126

### The bulbar elongation advancement procedure – BEAM – for hypospadiac neo-meatoplasty

Helen Parkhouse and Richard Turner Warwick *Pynes House, Thorverton, Exeter, EX5 5LT*

**Introduction:** Endeavours to mobilize and advance the penile urethra to form a new meatus to correct a hypospadiac deformity result in a penile curvature chordee because considerable additional length is necessary to replace the terminal atretic segment and the normal elasticity of a normal penile urethra is already extended during an erection.
**Patients and methods:** The bulbar urethra is the only part of the anterior urethra that can be mobilized to achieve additional length for an anastomotic urethral reconstruction and this is the basis of pelvic fracture urethral distraction reconstruction. Mobilization of the whole length of the bulbar urethra of young children – through a short midline perineal incision – achieves 3–5 cm of tension-free lengthening of the mobilized penile urethra which is sufficient to enable it to form an anastomotic neo-meatoplasty when the length of the atretic segment of the hypospadiac urethra is not too long for this procedure. This poster outlines our experience with 12 cases.
**Results:** The mobilization of the bulbar urethra presents no difficulty. The mobilization of the penile urethra requires great care to avoid windowing the capsule of its spongiosus which can impair its distal vascular perfusion. The correction of the ventri-positioned glans deformity and the creation of the margins of the neo-meatus also require meticulous care.
**Conclusion:** The great advantage of an anastomotic neo-meatoplasty is that it obviates the need for skin-substitution, with its attendant complications, and it simplifies the post-operative management.

## 127

### An audit of urethral stricture management in Lothian

P. Halliday, K. Doumas and S. Prescott *Department of Urology, Western General Hospital, Edinburgh EH4 2XU*

**Introduction:** We performed an audit of our management of urethral stricture in the South East of Scotland with a view to establishing the most effective treatment and a policy for the future.
**Patients and methods:** Four hundred and thirty consecutive new patients required treatment for urethral stricture between 1991 and 1994. Their case records were examined to determine type of treatment and outcome with particular reference to recurrence rate. The mean age was 57·9 years and all patients were followed up for at least 6 months (median 33 months).
**Results:** Most strictures (63%) occurred in the bulbar urethra and the overall recurrence rate after treatment was 47%. Two hundred and sixteen patients (50%) were treated initially by internal urethrotomy and 202 (47%) by urethral dilatation with no significant difference in the recurrence rate or time to first recurrence. Eight patients were treated by open urethroplasty, one patient had a perineal urethrostomy performed and three patients were managed by suprapubic catheterization alone. Seventy-five patients were taught CISC after treatment, twice weekly with a 12Ch catheter, and only 16 (21%) required re-treatment thereafter, representing a significant reduction in recurrence rate ($P < 0{\cdot}01$) compared with the remaining 355 patients not offered CISC.
**Conclusions:** Urethral stricture is a common condition which proves to be recurrent in approximately half the cases. Internal urethrotomy and the simpler procedure of urethral dilatation would appear to be equally effective treatments, with the exception of those patients with dense, fibrotic strictures who are best treated by internal urethrotomy. CISC significantly lessens the need for further hospital treatment and as a result will reduce hospital costs.