FEMALE URETHROPLASTY

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed procedure. We have consulted specialist surgeons and patient groups during its preparation, so it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser:

http://rb.gy/i7979

KEY POINTS

- This procedure is intended to widen your urethra (waterpipe) which has been narrowed by scarring (stricture)
- You will need to have a bladder catheter (a tube through your urethra) that stays in for several weeks
- You may develop recurrent narrowing in the urethra due to scar tissue
- Occasionally, patients develop problems with incontinence (urinary leakage) that may need further treatment
- Occasionally, patients develop an abnormal communication between their waterpipe and vagina (urethrovaginal fistula) which needs further surgery

What does this procedure involve?

A urethral stricture is a scar that forms in the urethra (waterpipe) and narrows it, causing problems with bladder emptying and urine infections. This procedure widens the urethra by removing the scar tissue and it is done through a cut in your vagina.

What are the alternatives?

- **Observation** – doing nothing if your symptoms are not severe
- **Urethral dilatation** – these are procedures are performed using a

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telescope that is passed into the urethra (waterpipe), but there are no cuts in the vagina. This widens the scarred area but the scar tissue is not removed and the narrowing may return

- **Intermittent self dilatation** – passing a disposable silicone tube into the urethra regularly to keep it open and prevent the stricture from reforming
- **A permanent catheter** - that stays inside the bladder all the time and allows the urine to drain. We can put the catheter through your waterpipe (a urethral catheter) or through your lower tummy (a suprapubic catheter).

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you if you are going to have a general anaesthetic. The anaesthetist will discuss pain relief after the procedure with you

You may be provided with a pair of TED stockings to wear, and you will be given an injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure?

- we normally carry out the procedure under a general anaesthetic with you asleep) or a spinal anaesthetic (where you are awake but unable to feel anything below your waist)
- the surgeon may look inside your urethra and bladder using a telescope (cystoscope)
- we make an incision inside your vagina
- we open your urethra in the middle, through the narrowed area
- we take tissue from the inside of your cheek (buccal mucosa) and stitch it into your urethra to widen it. The raw area in your cheek may be closed with an absorbable suture, or left open to heal by itself
- to help your urethra heal better, we may cover the repair with some tissue from under your vaginal skin or some fat from your labia (the hair-bearing vaginal lips).
- we use vaginal skin to close over the top of everything.

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- if tissue from the labia is used, you will have a small cut (8cm) over your labia and we often leave a labial drain in place. This is a small, plastic tube that comes through your skin and helps any blood drain out. It is often removed a day or two after the operation.
- absorbable stitches are used to close the incisions in your vaginal skin (and in your labia); they disappear after two to three weeks in most people.
- we often leave a small pack inside your vagina; this is usually removed after 1 to 2 days.
- you will have a catheter in your bladder through your urethra (waterpipe); this will stay in after you go home so that your urethra has a chance to heal. Your surgeon will let you know when it will be removed
- sometimes, we put a second catheter in your bladder through your lower abdomen (tummy) as well; this is called a suprapubic catheter

What happens immediately after the procedure?

You are likely to spend two days in hospital after the operation. When you wake up, you will have a catheter in your bladder; you may have a drain in your labia and a pack in your vagina.

Both the pack and drain will usually be removed on the first or second day after your surgery. You will go home with a catheter and may return a few weeks after your surgery for it to be removed.

When you first pass urine, it may be uncomfortable and slower than usual.

You can shower after 48 hours. The area of your wounds should be washed with warm water only (no soap) and dried with a clean towel.

The cut in your vagina may be sore for 2-3 weeks afterwards. You should be able to drive after 2-3 weeks provided you feel you can do an emergency stop and have discussed your procedure with your insurers. You should be able to have a bath after 2-3 weeks.

You should refrain from significant physical activity – gym, swimming, running and sexual intercourse - for 6 weeks following surgery.

How effective is the procedure in curing female urethral stricture?

About 80% of women are stricture free at 5 years after the operation.

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Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Mild vaginal bleeding for the first 48 hours	 Almost all patients
Temporary pain in the incision requiring simple painkillers	 Almost all patients
Discomfort or numbness in your mouth where the muccal muciosal graft was taken from inside your cheek	 Between 1 in 2 & 1 in 10 patients (10 – 50%)
Temporary inability to empty your bladder completely requiring either a catheter or intermittent self-catheterisation	 Around 1 in 10 patients (10%)
Chronic (long-term) pain in your vagina or pelvis, including pain during sexual intercourse	 Between 1 in 10 & 1 in 20 patients (5-10%)
New onset stress urinary incontinence	 Between I in 100 to 1 in 20 (1-5%)
Wound infection or abscess	 Around 1 in 50 patients (2%)
Development of an abnormal communication between your urethra (waterpipe) and your vagina (urethro-vaginal fistula)	 Less than 1 in 100 patients (<1%)

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Inadvertent injury to surrounding structures (e.g. urethra, rectum, blood vessels) requiring further surgery		Between 1 in 50 & 1 in 250 patients
Change in the shape or appearance of the labia		Between 1 in 50 and 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)
Significant bleeding requiring return to theatre or blood transfusion		Less than 1 in 200 patients (<0.5%)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you have had:

- long-term drainage tubes (e.g. catheters)
- your bladder removed
- long hospital stays
- many hospital admissions

What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- you will receive instruction on how to look after your catheter (or catheters). It is important that they drain urine so, if you notice that the drainage bags are dry (i.e. no urine has drained at all from either catheter for a few hours), please seek urgent medical attention
- you will go home with a catheter and return for a contrast (dye) X-ray (a urethrogram done around your catheter) three weeks after your

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surgery. If this shows that everything has healed, your catheter will be removed. Should the operation site not be fully healed, your catheter will be left in for a further week and the contrast X-ray test repeated at that stage
- when you first pass urine, it may be uncomfortable and slower than usual
- you can shower after 48 hours: the area of your wounds should be washed with warm water only (no soap) and dried with a clean towel.
- the cut in your vagina may be sore for two to three weeks afterwards.
- you should be able to drive after two to three weeks, provided you feel you can do an emergency stop, and you have discussed the procedure with your insurers
- you should be able to have a bath after two to three weeks
- you should refrain from significant physical activity – gym, swimming, running and sexual intercourse - for six weeks following surgery

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft)
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran)
- a present or previous MRSA infection
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment)

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

You should be told how the procedure went and you should:

- make sure you understand what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any discomfort

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- ask what you can (and cannot) do at home
- make sure you know what happens next (in particular, when your stent will be removed, if you have one)
- ask when you can return to normal activities

You will be given advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP
- access your local NHS Smoking Help Online
- ring the Smoke-Free National Helpline on **0300 123 1004**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, they can also arrange for a copy to be kept in your hospital notes.

What sources were used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England)
- the Cochrane Collaboration
- the National Institute for Health and Care Excellence (NICE)

It also follows guidelines from:

- the Royal National Institute for Blind People (RNIB)
- the Patient Information Forum
- the Plain English Campaign

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DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.

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