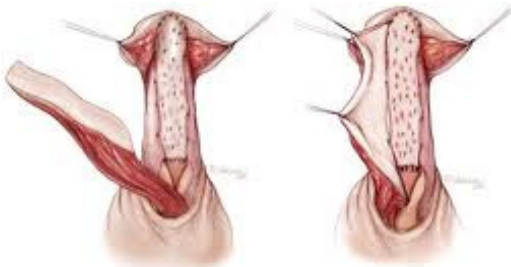


## What next?

- The dressing should be kept dry for the initial 72 hours after surgery and then soaked in a bath until it comes off easily.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- On discharge a prescription may be issued for patients to collect.
- Arrangements will be made for the removal of the catheter after 10-14 days.
- A urinating Urethrogram will be arranged with radiology within 6 weeks to determine the final result of the surgery.
- There will be signs of bruising for at least 10 days.
- The suture-line will be hard and indurated for at least 8-10 weeks.
- Please direct all further queries to Dr Schoeman's Rooms..
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**



**Jo Schoeman**  
**FRACS, FCS (Urol) SA, MBChB**

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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## **PATIENT INFORMATION BROCHURE**

### ***TWO STAGE URETHRAPLASTY***

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Patient well-being is my first priority!

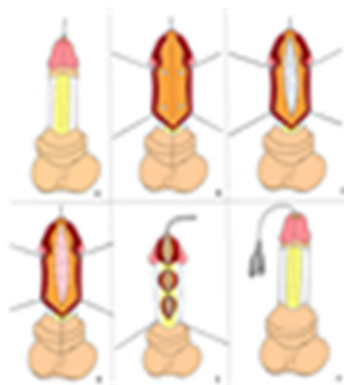
## Two Stage Urethraplasty

### Why is it done?

- To treat urethral strictures (narrowing) caused by trauma, infection, malignancy, etc, longer than 2 cm in length

### Pre-requirements

- An informed consent is required from the patient.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the Pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. Clexane injections may be substituted.
- Patients with cardiac illnesses require a cardiologist / physician's report.
- A chest X-ray is required for patients with lung disease.
- Pre-op blood tests are required 4 days prior to surgery.
- The whole scrotal area is shaved once hospitalized.
- Be prepared for an overnight stay.



### How is it done?

- This procedure is done under general anaesthetic.
- Legs are placed in a lithotomy position.
- Depending on where the stricture is, A single incision is made on the midline raphe of the penis or perineum (area between scrotum and anus).
- The affected urethra is exposed and opened on the dorsal aspect (side adjacent to the penile corpora)
- A graft could be harvested from the inside of your mouth, or alternately from foreskin or penile skin (hairless)
- This is then incorporated into the sick urethra to open the defect
- A long-term catheter will be inserted for 10-14 days.
- A dressing is then applied, which should be removed after 72 hours.
- A local anaesthetic is injected into the wound, thus giving post-operative pain relief for the next 4-6 hours.
- A drain may also be left for 24-48 hours to prevent the collection of serous fluids.

### What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- Bleeding is a common complication.
- A haematoma (blood collection under the skin) may form and needs to be reviewed by Dr Schoeman as soon as possible. Bruising is normal.
- You will be sent home with an indwelling catheter for 10-14 days
- An infection of the wound may occur and requires immediate attention.
- Erectile dysfunction (15%) may occur.
- Re-stricturing (20-30%) may occur.
- Owing to the area of the surgery the wound should be kept clean and dry.
- DANGER SIGNS:** A scrotum that swells immediately to the size of a football, fever, or puss. Please contact Dr Schoeman or the hospital immediately as this may occur in up to 15 % of all cases.

