

Patient information

Urethral Stricture

Urology Department

A urethral stricture is a narrowing of a section of the urethra. It causes a blocked or reduced flow of urine. There are various treatment options which aim to widen the narrowed section of the urethra.

Understanding the urethra

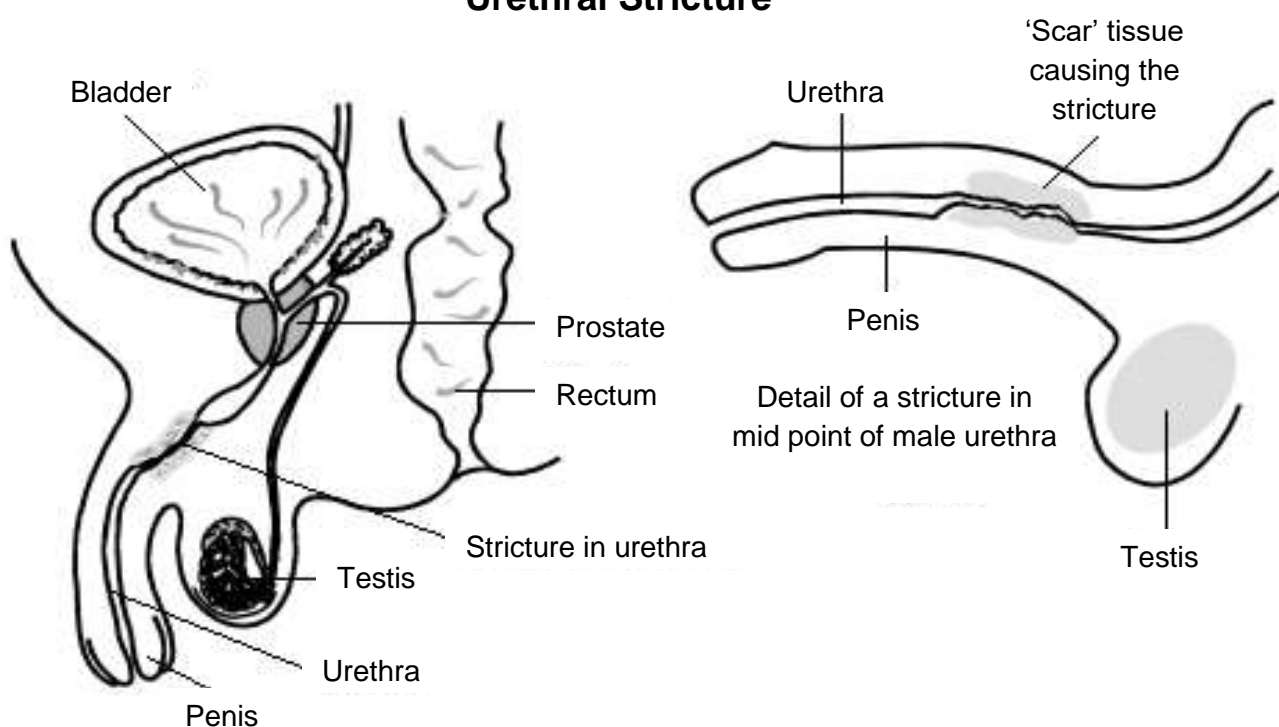
The urethra is the tube down which urine flows from the bladder. It passes through the penis.

What is a urethral stricture?

A stricture occurs when a part of the urethra becomes narrowed. Any section of the urethra may be affected. There is usually some scar tissue around the affected part of the urethra that causes the narrowing.

The length of strictures vary from less than one centimetre to four centimetres or longer. The diagram below illustrates a fairly long and severe stricture, but many are shorter than this.

Urethral Stricture



What causes a urethral stricture?

- **Injury or damage** to the urethra can heal with scar tissue causing a stricture. A "fall astride" onto the bar of a bike can also cause damage. It may also occur following a medical procedure such as looking into the bladder with a camera (cystoscopy), operations on the prostate, or radiotherapy to the prostate.
- **Infection** of the urethra is another cause, i.e. sexually transmitted infections such as gonorrhoea or chlamydia. Infection may cause inflammation in the tissues in and around the urethra. These infections usually clear with treatment but may leave some scar tissue at the site of the inflammation which can cause a stricture. Most urethral infections do not cause a stricture. A stricture is just one possible complication from a urethral infection.

Frequently the cause of the stricture is not obvious.

What are the symptoms of a urethral stricture?

- Reduced urine flow is usually the first symptom. Straining to pass urine is common but a complete blockage of urine flow is rare.
- Spraying of urine or a 'double stream' may occur.
- Dribbling of urine for a while after going to the toilet to pass urine.
- Frequency sometimes occurs (needing to pass urine more often than normal).
- Mild pain on passing urine sometimes occurs.

What are the possible complications?

More pressure is needed from the bladder muscle to pass urine out through a stricture (it acts like a bottleneck). Not all urine in the bladder may be passed when you go to the toilet. Some urine may pool in the bladder. This 'residual' pool of urine is more likely to become infected. This makes you more prone to bladder, prostate and kidney infections.

Are any tests needed?

- Tests to determine the flow rate of urine are usually advised if a urethral stricture is suspected. This involves passing urine and measuring how much is passed per second. The flow rate is much reduced if you have a stricture.
- A look into the urethra by a special thin telescope may be needed to assess the stricture (flexible cystoscopy).
- Special X-rays taken whilst you pass urine can show the site and severity of a stricture.

What is the treatment for urethral stricture?

Treatment is usually advised to improve the flow rate of urine, ease symptoms and to prevent possible complications. There are various treatment options. The one advised by your surgeon will depend on factors such as the site and length of your stricture, and also your age and general wellbeing.

- **Dilatation (widening) of the stricture**

This is the traditional treatment. It is usually done by passing a thin plastic rod (boogie) into the urethra. Rods of increasing thickness are gently inserted to gradually widen the narrowed stricture. The aim is to stretch the stricture without causing additional scarring. However, a stricture often tends to gradually narrow again after each dilation.

Therefore, a repeat dilation is commonly needed every so often when symptoms recur (some people are given a self-lubricating catheter which they insert themselves regularly to keep a stricture dilated).

As a rule, the shorter the stricture, the greater the chance of a cure with dilation. It is a relatively easy procedure but is only suitable for minor strictures with little scarring.

- **Urethrotomy**

In this procedure a thin telescope is passed into the urethra to see exactly where the stricture is. A tiny knife or laser is then passed down the telescope to cut along the stricture. This widens the narrowed stricture. Most people get some relief of symptoms from this procedure and about a third are 'cured' for good. However, like dilation, the stricture may reform and the procedure may have to be repeated from time to time in some cases.

As a rule, the shorter the stricture the greater the chance of a cure with this procedure. For example, one research study found that when a urethrotomy was done for a stricture less than two centimetres there was a recurrence of symptoms within twelve months in about four in ten cases.

However, there was a recurrence in eight in ten cases within twelve months when the stricture was greater than four centimetres.

- **Surgery**

A corrective operation may be an option if the above do not work. Various techniques are used. For example, a short stricture can be cut out and the two ends of the healthy urethra stitched together. If the stricture is longer, then one kind of operation is similar to 'skin grafting' the inside lining of the urethra.

Techniques continue to improve and your specialist will advise if an operation is likely to be successful, and which operation is best for the length and site of your stricture. As a rule, there is a high success rate in curing symptoms with these operations.

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Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

For general queries telephone the Urology Centre

Tel: 0151 282 6797 or 0151 282 6877

Text phone number: 18001 0151 282 6797 / 18001 0151 282 6877

For clinical questions specific to your case, telephone the secretary of your Urology Consultant.

<http://www.baus.org.uk/patients/patient+information/Urethra>

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