



Cystoscopy with dilation of urethral stricture/ Cystoscopy with direct vision internal urethrotomy (DVIU)

What is dilation of urethral stricture, or DVIU?

These are operations performed to open a scar that has developed in the urethra. This condition leads to difficulties with urination, including slow stream (or urinary retention), burning with urination, urinary tract infection, among other conditions.

This operation is performed in a hospital or surgery center under anesthesia, and most often the patient will go home the same day. Soft strictures and scars that are very short may respond to simple dilatation (gentle spreading with specialized instruments). Others may need a more formal procedure (DVIU) to maximize results and diminish the incidence of recurrence. During DVIU, the scar is cut with a knife or laser, deployed through a cystoscope.

In many cases, a urinary drainage catheter will be left in place at the conclusion of the operation, to better facilitate healing. The catheter may remain in place for a few days to a week (or longer in rare circumstances).

Alternatives to this procedure include watchful waiting, office dilation (if applicable), or other reconstructive techniques. These have been considered by your doctor, and it is felt a cystoscopic approach is best at this time. Without treatment, it is possible that the condition may worsen, leading to ongoing problems related to the underlying problem.

Anticipated benefits include improvement or resolution of the stricture. Unfortunately, stricture may recur, despite a successful operation, and your doctor will follow up with you after treatment to assess for this.

What are the risks or typical side effects?

Bleeding. As with any operation there will be some bleeding. Patients will often notice some blood from the urethra, or from around the catheter. This is normal. Bleeding that requires a surgical intervention would be very rare.

Infection. A preventative antibiotic is given prior to the surgery at the hospital, and infection rates are usually less than 5%.

Urinary urgency/irritation. This is usually due to the urinary catheter, and resolves upon its removal. Burning with the initiation of voiding on your own can occur, but is usually short lived.

Anesthetic and other risks. Significant events such as heart attack, stroke, even death may occur as a result of any anesthetic, though such risks are extraordinarily low, especially if properly evaluated by your primary physician before surgery if indicated. Should you develop any pain or swelling of your lower legs and ankles following surgery, notify your doctor's office immediately, as this may indicate a blood clot in your leg (deep vein thrombosis or "DVT"). If a blood clot moves to the lung this could be immediately life-threatening, and usually presents with shortness of breath and/or painful breathing.

What are preparations for surgery?

Please have nothing to eat or drink after midnight prior to your surgery. If you take blood thinners, your surgeon will discuss the cessation of this medication prior to your surgery.

What happens during the surgery?

You usually will have a general anesthesia. The surgery is conducted through a cystoscope, which is a special telescope inserted into the urethra. There are no incisions made on the outside skin.

What happens after the surgery?

Patients go home the same day following surgery, and you will require someone to drive you from the hospital. As noted, a urinary drainage catheter will be left in place for some time. Your catheter will be attached to a bag. The urine will either be clear or tinged with blood. The bag can be strapped to your leg and easily concealed under your

clothing. You will be shown how to empty the catheter bag. You will usually be given a larger bag for overnight urine collection while you are sleeping.

Over the counter medications are indicated for pain management, and sometimes your doctor will prescribe something stronger.

Resuming activities

You can go back to work when you feel able, usually within one to two weeks, though heavy activities should not resume for a bit longer.

You may drive when you feel able and are not under the influence of any medications.

Follow-up

Your doctor will arrange a follow-up visit. Typically, this is for catheter removal and/or updates on your voiding ability.