

# PROSPECTIVE EVALUATION OF PATIENT REPORTED OUTCOMES AFTER URETHROPLASTY



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I have no conflict of interest to disclose.



# INTRODUCTION

- Urethral stricture causes a broad spectrum of associated signs and symptoms
- Urethroplasty is considered the most effective treatment
- The majority of outcomes are reported from a surgeon perspective
- There is minimal data comprehensively describing patient reported outcomes after urethroplasty



## OBJECTIVE:

- To better define Patient Reported Outcomes following Urethroplasty.



## METHODS:

- A prospective study assessing patient reported outcomes after urethroplasty from 2012-2018
- Patients were administered questions pre-operatively and at 6 months postoperatively



# METHODS: PATIENT REPORTED OUTCOMES

- Patient Satisfaction (Likert scale 1-5)
- Urinary Function (IPSS)
- Urinary Quality of Life (0-6)
- Erectile Function (SHIM)
- Ejaculatory function (BSFI)
- Penile Appearance (1-3)
- Penile Curvature (1-3)
- Genitourinary Pain (1-5)
- Post-Void Dribbling (1-5)
- Sitting to Void (1-5)



# METHODS: STATISTICS

- Descriptive statistics were used to summarize findings.
- Parametric (paired t-test, Chi-square) and non-parametric (Wilcoxon) tests were used to compare pre-operative and post-operative findings.



# RESULTS: PATIENT DEMOGRAPHICS

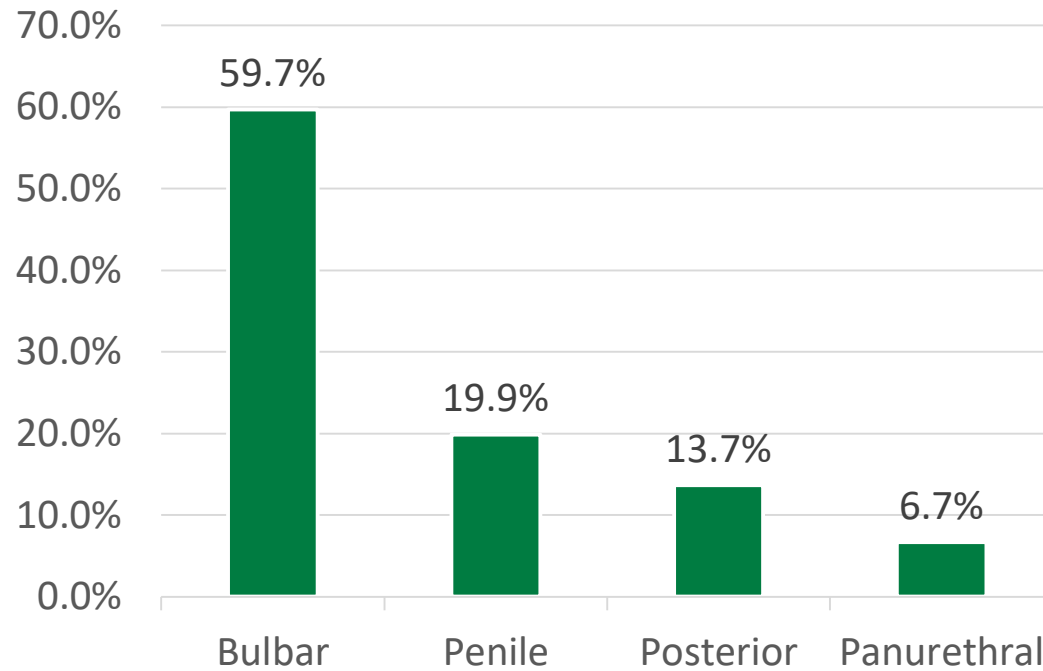
Variable	Result
Number of Patients	357
Patient Age	49.7 years (19-94)
Stricture Length	4.4 cm (1-21)
Failed Prior Endoscopic Treatment	85.2%
Failed Prior Urethroplasty	21.8%



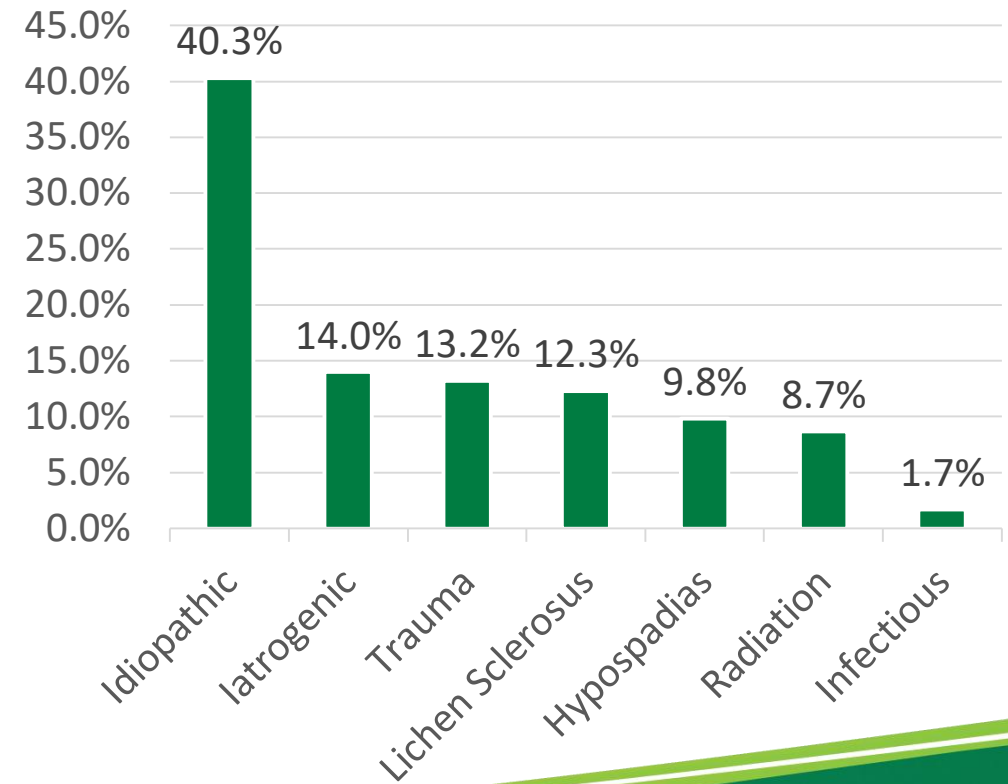


# RESULTS: STRICTURE LOCATION AND ETIOLOGY

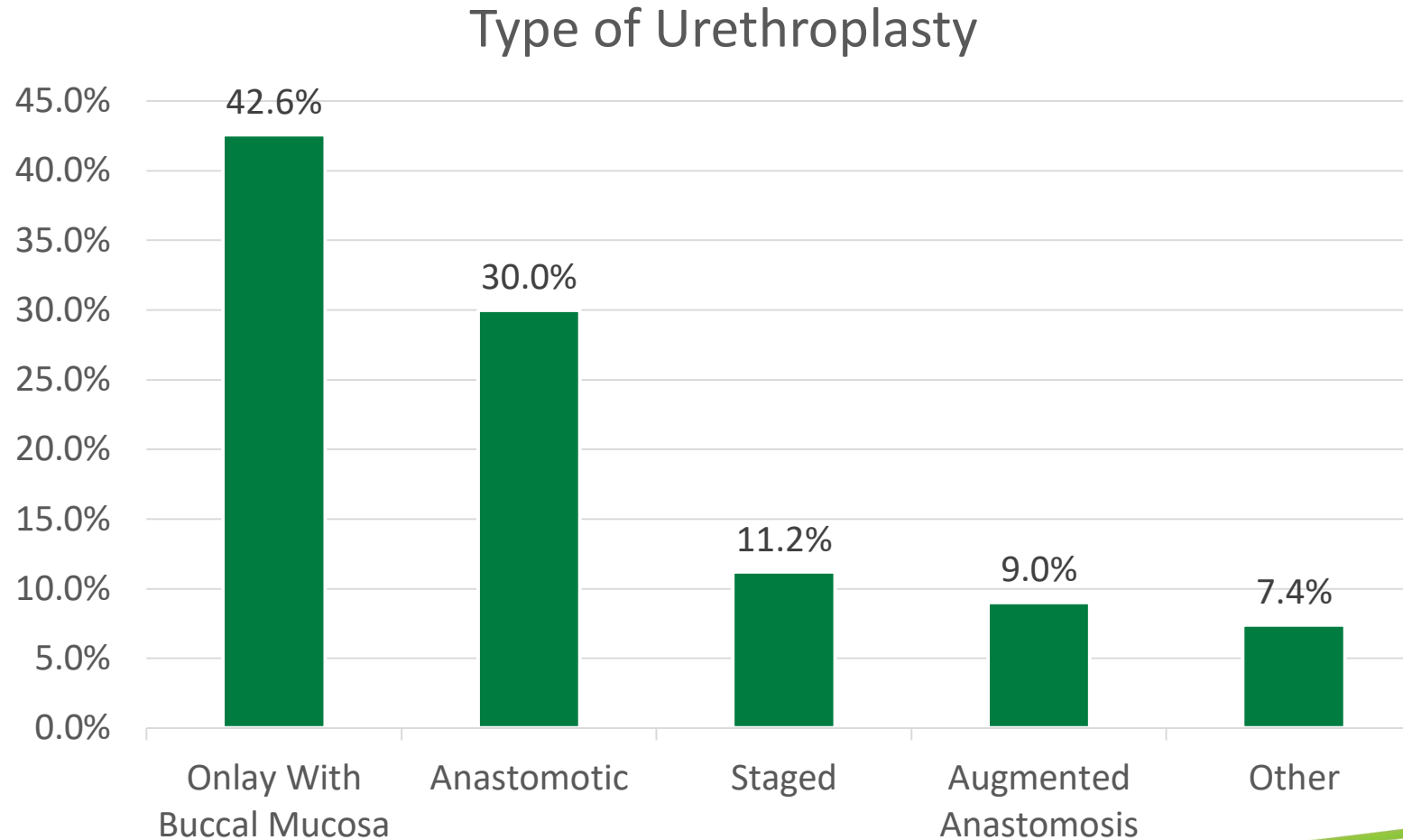
## Stricture Location



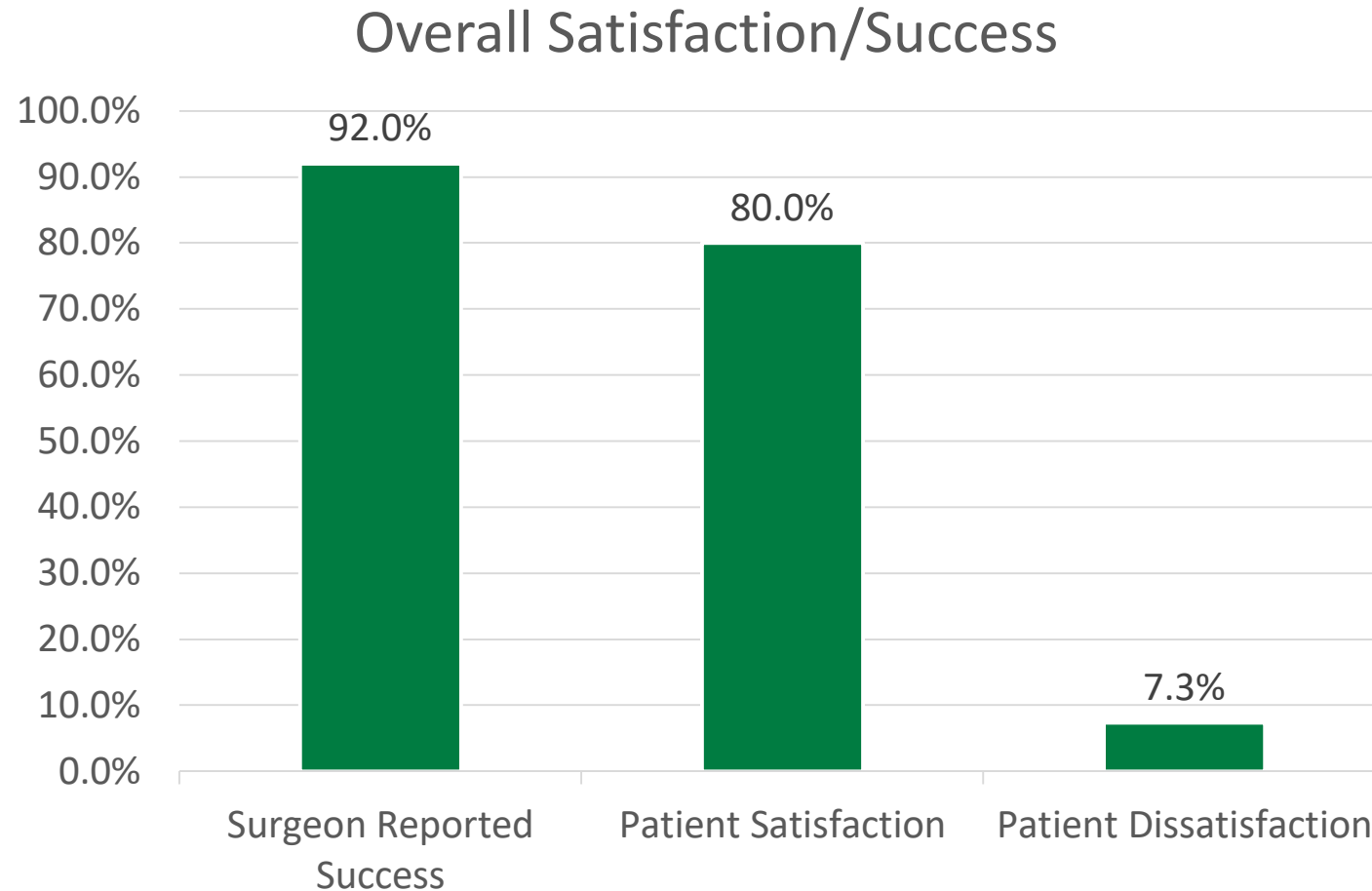
## Stricture Etiology



# RESULTS: URETHROPLASTY TECHNIQUES

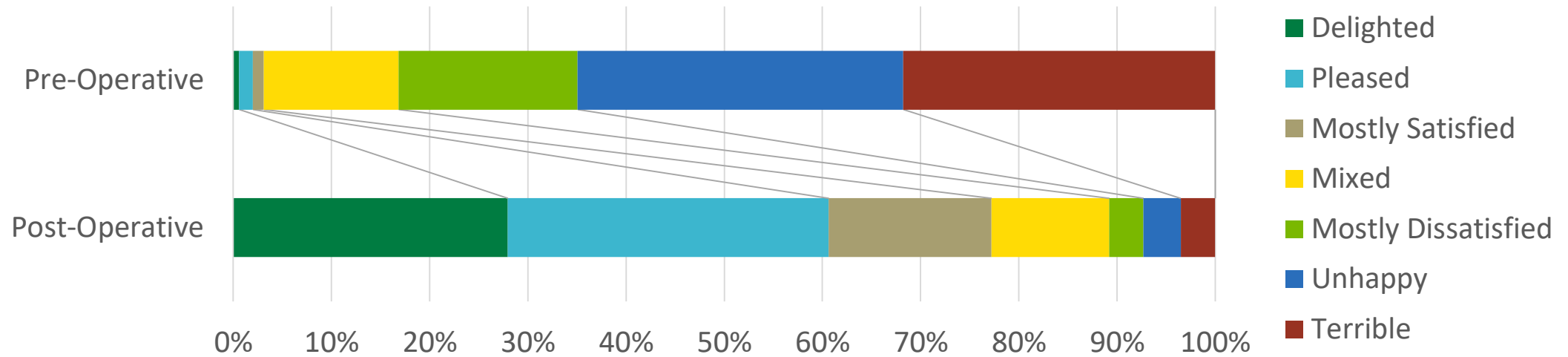


# RESULTS: PATIENT SATISFACTION AND CYSTOSCOPIC SUCCESS



# RESULTS: URINARY FUNCTION

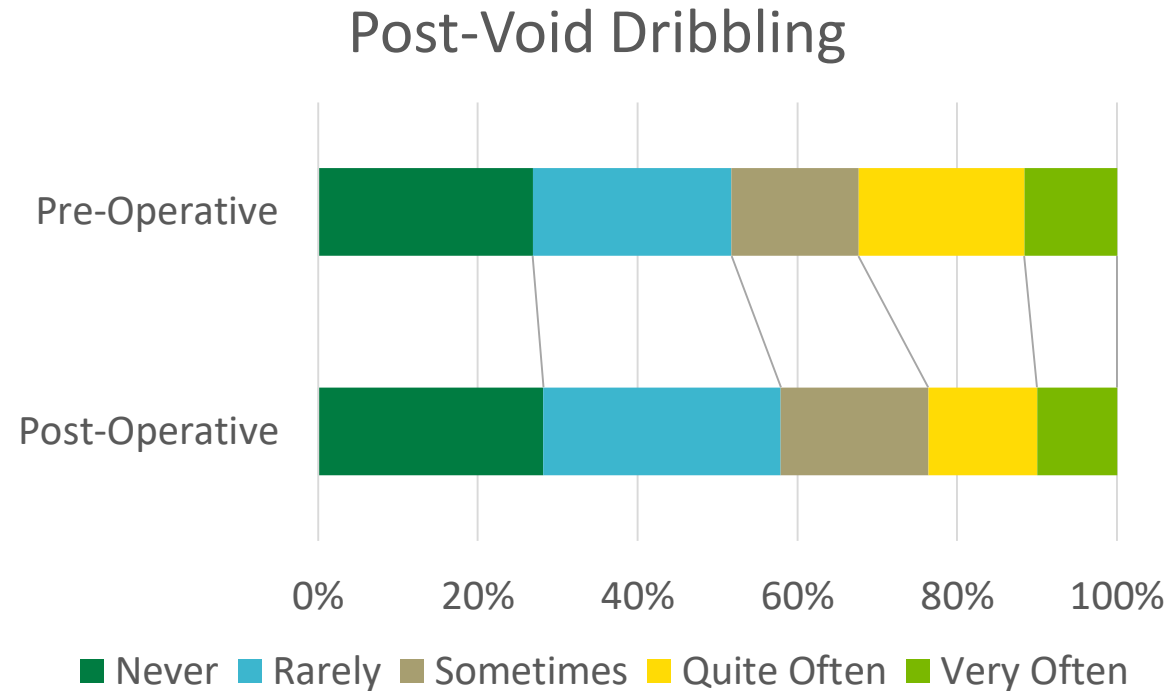
## Urinary Quality of Life



Measure	Pre-Op Response	Post-Op Response	P-Value
Urinary QOL	4.7	1.6	<0.0001
IPSS	19.3	6.0	<0.0001



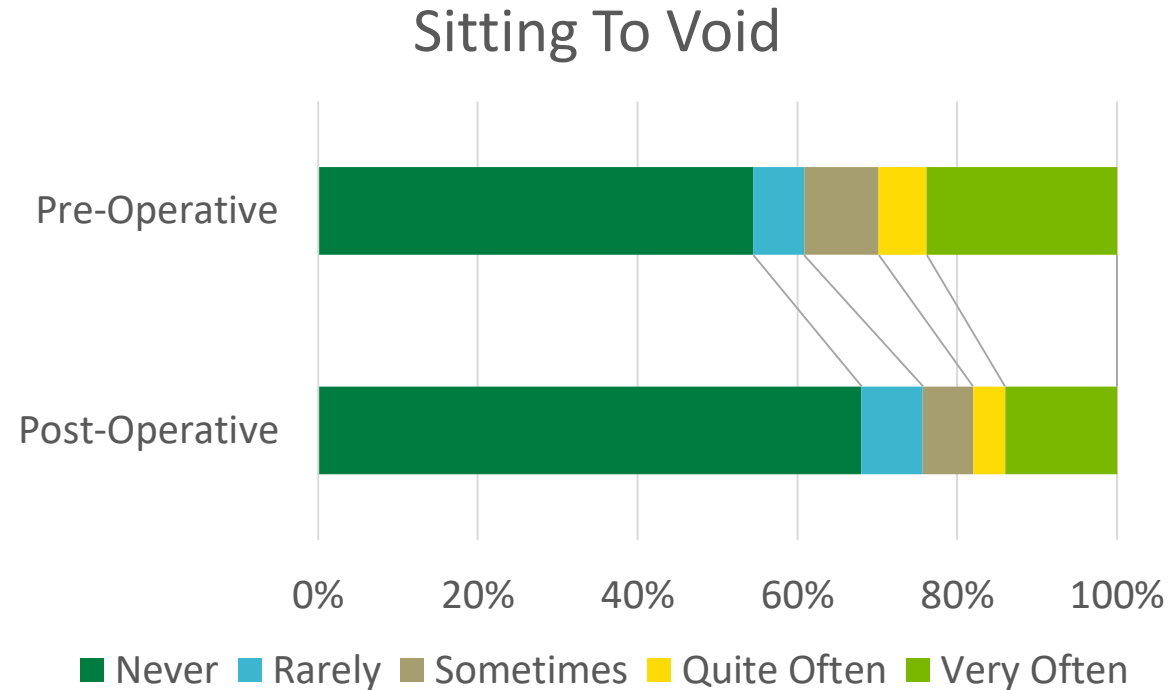
# RESULTS: POST-VOID DRIBBLING



Post-Void Dribbling	Result
Improved	40.8%
Unchanged	30.8%
Worse	28.3%
P-Value	<b>0.04</b>



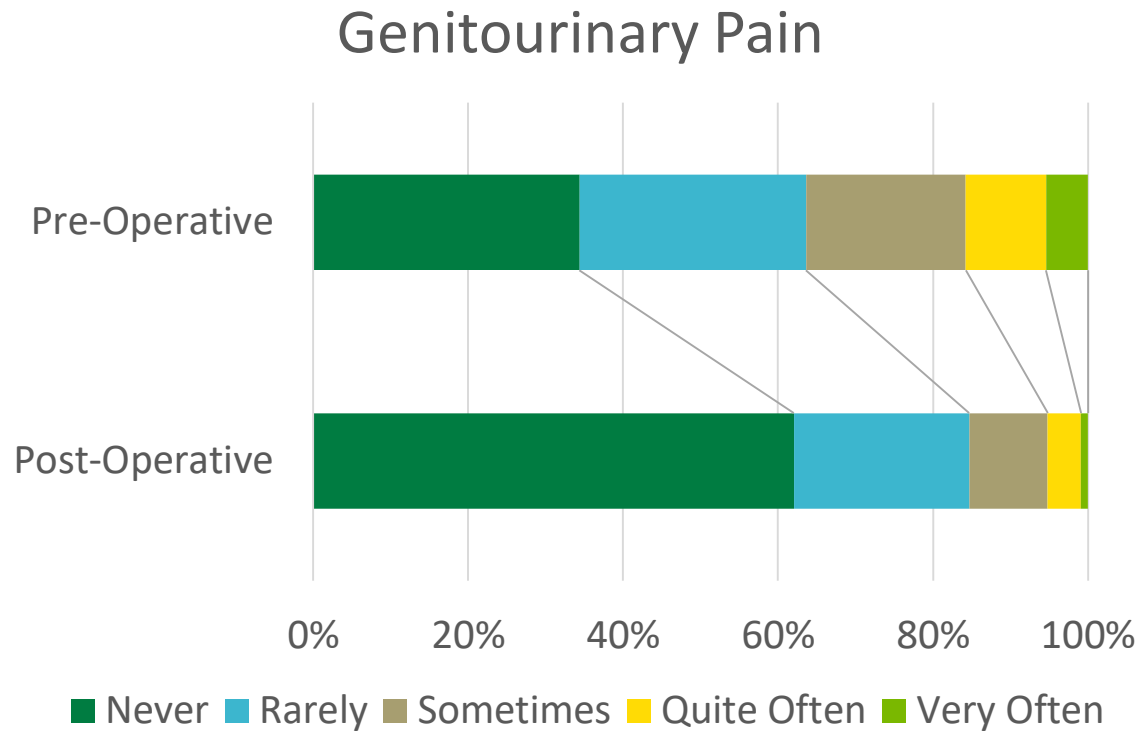
# RESULTS: SITTING TO VOID



Sitting To Void	Result
Less Often	27.2%
Unchanged	64.2%
More Often	8.6%
P-Value	<b>&lt;0.0001</b>



# RESULTS: GENITOURINARY PAIN



Genitourinary Pain	Result
Improved	48.7%
Unchanged	37.0%
Worse	14.4%
P-Value	<b>&lt;0.0001</b>



# RESULTS: ERECTILE AND EJACULATORY FUNCTION

Erectile Function	Result
Pre-Op SHIM	17.7
Post-Op SHIM	17.2
P-Value	0.46
New Onset Dysfunction	12.0%

Ejaculatory Dysfunction	Result
Pre-Op Incidence	26.8%
Post-Op Incidence	21.1%
P-Value	0.13
Improved	10.9%
Unchanged	82.0%
Worsened	7.1%





# RESULTS: PENILE APPEARANCE

Penile Curvature Post-Op	Result
None	88.1%
Somewhat	8.9%
Severe	3.1%

Reduced Penile Length Post-Op	Result
None/Minimal	79.2%
Somewhat	14.1%
A Lot	6.7%



# CONCLUSION

- Urethroplasty globally improves voiding function and genitourinary pain associated with urethral stricture.
- Overall, sexual function is preserved for the majority of patients but a small proportion of patients describe new onset erectile dysfunction, worsening ejaculatory function, penile shortening or curvature.
- This study provides an opportunity to further examine which factors influence patient satisfaction and quality of life after urethroplasty.



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# Questions?



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