Optical Urethrotomy

What is this procedure?

This is a procedure for urethral strictures (scars causing narrowing in the urethra). It is performed along with a urethroscopy and a cystoscopy.

There are various reason that you may have a stricture, and the likely cause will be discussed with you.

How is the procedure done?

Optical urethrotomy is performed under general anaesthetic. A cystoscope is passed into the urethra, to the point of the stricture. The scar-like tissue is then cut with an endoscopic knife which is passed down the cystoscope, usually at one or two points along the length of the scar, to open up the narrowing. Your urologist will ensure that the telescope can be passed into the bladder, and this is also inspected.

It is common to insert a temporary catheter into the bladder at the end of the operation, and this is usually removed the next day.

After the procedure

You may be able to go home the same day, but occasionally an overnight stay is needed. This will depend partly on the need for a catheter. You should be able to return to normal activities quite quickly, but it is wise not to do anything involving lifting or exertion for a week.

Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.
Risks of the anaesthetic need to be discussed with the anaesthetist who will be looking after you during the operation, and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

**Common**

- A burning sensation and/or a small amount of blood in the urine for a short period afterwards

**Occasional**

- Infection in the bladder requiring antibiotics
- Temporary insertion of a catheter if you are unable to pass urine immediately after the cystoscopy

**Rare**

- Delayed bleeding requiring removal of clots or further surgery
- Infection from the bladder causing sepsis
- Inability to open the stricture, and the need for a temporary suprapubic catheter

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact the practice immediately. If out of hours, please go to your nearest emergency department.

Please note that if you have another procedure performed in combination with an optical urethrotomy, then there may be other potential complications associated with those procedures. This will be discussed with you before your operation.

**Long-term results of optical urethrotomy**

Recurrence of strictures is part of their behaviour, and occurs in about 50% of patients. You are likely to need long-term clinic follow-up to keep an eye on your waterworks. Certain things can be done to reduce the chance of recurrence, such as intermittent self-catheterisation. If recurrence occurs, a formal open operation on the stricture may be a possibility, called a urethroplasty. This will be discussed with you.

**Disclaimer**

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.