

A Prospective Observational first-of-a-kind study.

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INTRODUCTION

- Prolonged catheterisation leads to an increase in urinary tract infections (UTI) and causes significant bother to the patients
- Ideal time of 3-4 weeks for indwelling catheter: being challenged in male urethroplasty
- Common practice in female urethral stricture disease (F-USD): 3 to 4 weeks following Buccal Mucosa Graft Urethroplasties (BMGU)

AIM OF THE STUDY

- We present our experience of catheter removal on day 7 following Ventral Inlay BMGU (VI-BMGU)
- Primary objective: Success at 3 months
- Secondary objective: Changes in AUA symptom score, peak flow rate (Qmax), Post Void Residual Urine (PVR) post-operatively at 1 and 3 months

STUDY DESIGN, MATERIAL AND METHODS

- Females undergoing VI-BMGU between April2023 and July 2023 (IEC approved).
- Following the surgery, a 16Fr silicone indwelling catheter was kept in situ for 7 days.
- All the outcome parameters were assessed preoperatively and at 1 and 3 months follow-up visits.
- Failure criteria:

Increase in the AUA symptoms score by 3

Inability to calibrate with an 18 Fr catheter

Maximum flow rate (Qmax) < 12 cc/s

Cystoscopy confirmation

RESULTS

- $\ \ \, \ \ \, \ \ \,$ 15 women with a mean age of 44.08 \pm 6.75 years underwent VI-BMGU in the study period
- None of the patients had a recurrence at 6 months follow-up.
- ❖ 5 patients had completed 12 month followup, and none of them had recurrence

Parameter	Pre operative	3 months	6 months	р
Median AUA symptom score	25.5 (21.25-32.75)	10 (8-13.5)	9.5 (6.25-15.25)	<0.05
Median Qmax (m/s)	9 (6.25-10.75)	21 (18-27.75)	22 (18.25-26.75)	<0.05
Median PVR (ml)	238.25 (98.25-285.5)	34.5 (21.25-53)	25 (16.25-65)	<0.05

CONCLUSION

Early indwelling catheter removal following VI-BMGU for FUSD is equally effective. It does not lead to poorer surgical outcomes and decreases the duration of catheter associated bother.

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