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Endourethrotomy of posterior urethral obliterations and severe strictures: improved outcome with urethral self-dilatation.

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Abstract

Eighteen male patients underwent endoscopic management of urethral obliterations and severe strictures of the subprostatic urethra. Thirteen patients who performed clean urethral self-dilatation after endoscopic repair had a lower incidence of recurrent strictures ($P = 0.03$) and required fewer visual internal urethrotomies than the initial five patients, who did not self-dilate ($P = 0.01$). All patients had minimal morbidity and required short hospitalization to achieve adequate urine flow and a stable urethral neolumen during the follow-up period.