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EDITORIAL COMMENT

Few things discourage the reconstructive urologist more than an unhappy patient who, despite a “successful” urethroplasty, still has bothersome LUTS. Dissatisfaction despite anatomical success (patent urethral lumen) has been described previously,¹ but Chapman et al provide insight into who is at risk for functional failure using modern, prospective data. One in 10 men who have their obstruction relieved complain of persistent LUTS. Preoperatively, we must inform our patients that anatomical success does not always improve what bothers them most. Certainly, we must ask our patients the right questions or we may miss their suffering (reference 15 in article).

The authors suggest that compensatory changes to the lower urinary tract following long-standing obstruction may be responsible for these outstanding issues. Given the relatively short followup of the study population, further investigation will be needed to

identify the natural history of these “LUTS failures” to determine if these symptoms abate over time, are associated with delayed anatomical recurrence, can be controlled with first or second-line treatments, or necessitate more invasive intervention.

The present study nicely lays out who is at risk and enriches our understanding of this vexing clinical entity. How can we phenotype these patients better? How can we risk stratify them? Can we standardize the definition of anatomical and functional success, and how to best follow patients after surgery? These important questions remain for comprehensive inquiry and validation.

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1. Kessler TM, Fisch M, Heitz M et al: Patient satisfaction with the outcome of surgery for urethral stricture. *J Urol* 2002; **167**: 2507.

REPLY BY AUTHORS

One of our primary responsibilities as urologists, and in particular as reconstructive urologists, is to improve our patients' quality of life. Seldom are outcomes in reconstructive urology binary measures such as “no evidence of disease” or “stone-free.” Encapsulating the complete patient experience after urethral reconstruction is complex, but fortunately great preliminary efforts have been made. Given that the majority of patients with urethral stricture have LUTS, it seems prudent to evaluate this outcome in detail on a

routine basis.¹ Fortunately, the vast majority of patients undergoing urethroplasty experience marked improvement in their urinary symptoms, but ~7% do not. Our study quantifies the incidence and scope of these “LUTS failures” while also opening the door to further understand this frustrating entity. Lastly, our study also highlights the importance of assessing patient reported outcomes following urethroplasty and other bladder outlet surgeries in order to determine success from a patient perspective.

REFERENCE

1. Rourke K and Hickle J: The clinical spectrum of the presenting signs and symptoms of anterior urethral stricture: detailed analysis of a single institutional cohort. *Urology* 2012; **79**: 1163.