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**PD16-03**  
**PATIENT AND CLINICIAN PRIORITIZATION OF OUTCOMES**  
**AMONG MEN WITH ANTERIOR URETHRAL STRICTURE DISEASE**

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**INTRODUCTION AND OBJECTIVES:** Patient reported outcome measures (PROMs) are an invaluable resource that allows the patient to communicate about how they feel about their health and well-being. As these measures become more integrated into evidence-based medicine and health care delivery, a comprehensive urethral stricture-specific PROM is needed. We present research aimed to develop such a PROM. Cognitive interviews and item prioritization were performed to reduce previously generated items for development of a urethral-specific PROM. The input of clinicians was queried to compare for comparison to patient data.

**METHODS:** We identified potential items during concept elicitation interviews. Six domains were created based on urinary or sexual items (function, impact, symptoms/signs). Two iterative rounds of cognitive interviews were performed among a separate cohort of five and four patients, respectively, to further test patient understanding of these items (n=33 urinary, n=5 sexual). Changes were made to the existing items based upon patient feedback. Item prioritization was conducted among a separate cohort of 20 patients who rated degree of bothersomeness from their urethral stricture (very much, somewhat, does not bother). Male reconstructive urologists (n=22) also rated the items in regards to importance in making treatment decisions.

**RESULTS:** Of the top 15 items that patients rated by bother, urinary issues predominated. There was only one sexual item (slow force of ejaculation). On average, the patient cohort was most bothered by anxiety about being unable to void, post-void dribbling, and trouble aiming their stream. There was only 53% agreement between patients and clinicians in the 15 items they independently rated as of highest importance.

**CONCLUSIONS:** Based upon the patient-driven item prioritization, we plan to create a PROM, test measurement properties, and modify our instrument, as needed, to create a patient-driven urethral stricture-specific PROM. Discord between patients and clinicians highlight the need for a stricture-specific PROM.

**Top 15 items rated by importance to patients and clinicians.**

Patient (n=20)	Clinician (n=22)
I worried about being unable to pee	I had to strain to pee
I dribbled in my underwear after peeing	I had a weak urine stream
I had trouble aiming my urine stream	I worried about being unable to pee
I sat down to pee	It felt like my bladder was always full
I had to plan ahead	I felt abnormal because it took me so long to pee in public
I had a weak urine stream	I felt pain when I peed
I felt bothered by dribbling in my pants	I was annoyed by dribbling in my pants
I felt pain when I peed	I stopped peeing before my bladder was empty
I was frustrated because my activities were reduced	I felt embarrassed because I had to sit to pee
I worried about my bladder health	I had pain in my urethra/penis
My semen dribbled out slowly after I ejaculated	I felt embarrassed by my lack of control over peeing
It felt like my bladder was full	I felt stressed because I couldn't predict when I would have to pee
I did not get enough sleep/rest	I had trickling or dribbling at the end of my urine flow
I felt pain in my penis	I worried about not being able to get to the toilet on time
I felt uncomfortable because it took me so long to pee in public	I had pain when I ejaculated

**Source of Funding:** Private Donation.

**PD16-04**  
**FACTORS AFFECTING FEASIBILITY OF SAME DAY ANTERIOR URETHROPLASTY**

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**INTRODUCTION AND OBJECTIVES:** Anterior urethroplasty has historically been managed with a 1-3 day postoperative hospitalization. More recent literature has demonstrated the safety of same-day anastomotic and ventral onlay buccal urethroplasties. Despite these publications, reports on national trends suggest a pattern of continued admissions with an average length of stay on 2.5 days. At our tertiary care center, we routinely discharge patients on the same day following substitution and anastomotic urethroplasty. We sought to assess factors affecting feasibility of outpatient urethroplasty.

**METHODS:** We performed a retrospective chart review of 91 consecutive anterior urethroplasty patients (11 anastomotic, 80 substitution) performed by a single surgeon from August 2012 through May 2015. We compared parameters of stricture length, length of stay, stricture etiology, number and type of prior stricture surgeries and stricture recurrence rates between our admitted and same day surgery groups.

**RESULTS:** Seventy-five of 91 (82%) patients were discharged home the day of surgery. The average length of stay for admitted patients was 1.48 days (range 0.7-2.8 days). Eight of 17 admissions (47%) were planned for either patient preference or known medical comorbidities (ex: mental illness, COPD, CKD). Of the 9 unplanned admissions, 5 were for pain control and/or patient anxiety, 2 for difficulties with anesthesia, and 2 for extended operative times (trauma patient requiring pubectomy, scar excision and primary anastomosis; obese patient with 18cm urethral stricture).

There were no significant differences between the admission group compared to the same day group in recurrence rate (11.8% vs 10.3%, p>0.05), stricture length (5.1cm vs 4.6cm, p>0.05), age (47 vs 47 years old), number of prior stricture surgeries (1.7 vs 2.5, p>0.05), type of prior procedures, or etiology of stricture disease, respectively. 93% of the same day patients had a prior surgery compared to 88% in the admission group (p>0.05). While etiology of stricture disease was unknown in many cases, trauma was suspected in 32% of the same day group compared with 38% in the admission group (p>0.05).

**CONCLUSIONS:** We describe the largest single surgeon series of outpatient anterior urethroplasty to date including more complex single stage panurethral substitution repairs than previously reported. No single stricture characteristic seems to determine the likelihood of outpatient surgery; rather patient preference and non-urologic comorbidities predict the feasibility of performing same day anterior urethroplasty.

**Source of Funding:** none

**PD16-05**  
**LONG TERM RESULTS OF FEMALE URETHRAL RECONSTRUCTION USING DORSAL ONLAY LINGUAL MUCOSAL GRAFT**

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**INTRODUCTION AND OBJECTIVES:** Urethral strictures are an uncommon cause of bladder outlet obstruction in females and are treated empirically with various modalities like dilatation and internal urethrotomy with varying outcomes. Female urethroplasty utilizing a variety of tissues (Vaginal or labial grafts/flaps, oral mucosal grafts) has been described with variable degree of success in short term but long term data are lacking. In this study, we have analyzed long term results of dorsal onlay lingual mucosal graft (LMG) urethroplasty in management of female urethral stricture.