

# THE UROLOGY GROUP

www.urologygroupvirginia.com

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1860 Town Center Drive · Suite 150/160 · Reston, VA 20190 · 703-480-0220  
19415 Deerfield Avenue · Suite 112 · Leesburg, VA 20176 · 703-724-1195  
224-D Cornwall Street, NW · Suite 400 · Leesburg, VA 20176 · 703-443-6733  
24430 Stone Springs Blvd · Ste 100 · Dulles · VA 20166

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## RECONSTRUCTIVE UROLOGY

### **Urethroplasty**

When there is either extrinsic or intrinsic trauma to the urethra, a “scar” forms in the tissue surrounding the urethra. Once this occurs there is a circumferential stricture which impedes the flow of urine. As the stricture tightens, the flow gets slower until the urine is completely blocked. Typically, a urethral dilation will adequately treat 95% of strictures; however, some strictures are dense and dilation will not keep the urethral segment open. A urethroplasty is performed in this situation. During the surgery, the surgeon completely excises the strictured segment and if the stricture is < 2 cm then a Primary repair is performed “Bringing the 2 ends together.” If the stricture is > 2 cm, the ends are too far apart and therefore an interposition graft or a patch is performed to “bridge” the gap between the two ends. Risks of a urethroplasty include infection, bleeding, positional nerve injury, erectile dysfunction and recurrent strictures. The typical “cure” rate is 95%.

### **Hypospadias**

Hypospadias is a congenital disorder of the male urethra, and varies in severity. Hypospadias is when the urethral opening is more proximal on the penis than in the usual position at the head of the penis. This happens during the embryologic development of the penis. The cause of this defect is the failure of the tissue to fully wrap in front of the penis to cover the urethra. Therefore there can be varying degrees of the defect. The more proximal the opening on the penis, the more severe the defect, hence harder to repair.

To repair a hypospadias, local tissue flaps are required. Most hypospadias procedures are performed before the age of 1. Surgical complications include urethral fistula, stricture, and diverticulum formation.