

## What next?

- The dressing should be kept dry for the initial 72 hours after surgery and then soaked in a bath until it comes off easily.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- On discharge a prescription may be issued for patients to collect.
- There will be signs of bruising for at least 10 days.
- The suture-line will be hard and indurated for at least 8-10 weeks.
- Please direct all further queries to Dr Schoeman's Rooms.
- You should have a review appointment to discuss the pathology found and the need for further treatment. (Chemo/Radiation Therapy)
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**

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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

### *URETHRECTOMY*

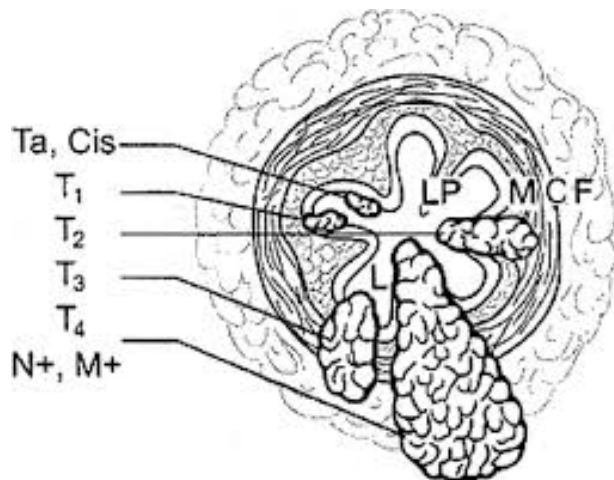
See this live on:  
[vidscrip.com/urojo](http://vidscrip.com/urojo)

Patient well-being is my first priority!

# Urethrectomy

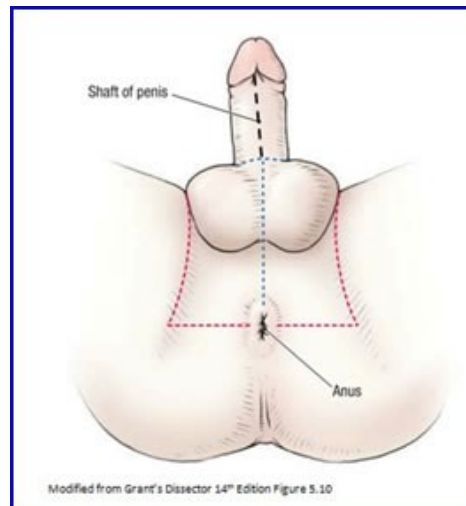
## Why is it done?

- As part of the treatment for aggressive localized Urothelial carcinoma of the bladder
- T1G3 ?, > T2 disease
- Primary Urethral disease with:  
Urothelial Carcinoma  
Squamous cell carcinoma
- Secondary metastatic disease to Urethra:  
Melanoma, Lung cancer, Breast cancer (all these are rare)
- Advanced disease may involve a penectomy
- The procedure is part of the radical cystectomy, radical Cysto-prostatectomy or could be an adjunct later on when recurrences are found with surveillance.
- Part of a necrotic inflammatory condition ie: Fourniers Gangrene



## How is it done?

- This procedure is done under general anaesthetic.
- Legs are placed in a lithotomy position.
- A single incision is made on the midline raphe on the perineum (area between scrotum and anus). Sutures will be dissolvable.
- The Corpora Spongiosum with the urethra inside it is mobilized off the Corpora Cavernosa
- Urethral Meatus is removed distal and glans is closed
- Proximally the urethra is taken up to the sphincter and freed
- You will have already had a diversion of the urine with an ileostomy or this will be done with your cystectomy part of the operation.
- A drain will be left for 24-48 hours to prevent the collection of serous fluids.
- A dressing is then applied, which should be removed after 72 hours.



## What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- If this is the only operation you have undergone, you will be sent home as soon as the drain is removed on D2 or D3.
- Swelling is a common complication.
- A haematoma (blood collection under the skin) may form and needs to be reviewed by Dr Schoeman as soon as possible. Bruising is normal.
- An infection of the wound may occur and requires immediate attention.
- Owing to the area of the surgery the wound should be kept clean and dry.
- **DANGER SIGNS:** A wound that swells immediately, fever, or puss. Please contact Dr Schoeman or the hospital immediately as this may occur in up to 15 % of all cases.

