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Is Self Urethral Calibration the Best alternative to Urethroplasty and Urethral Dilatation?

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Introduction

Urethral stricture is a disabling disease which can cause urinary retention, obstructive uropathy and impaired quality of life. If the stricture recurs after the first urethral dilation, further dilation is unlikely to cure the condition and requires repeated admissions and hospital attentions. While urethroplasty carries substantial operative risk, self urethral calibration (SUC) provides an alternative to patients especially those who refuse definitive surgery. This study aims to investigate the efficiency and compliance of SUC.

Objectives

To investigate the efficiency and compliance of Self Urethral Calibration (SUC).
To review the efficiency and compliance of SUC of patients visiting the urology nurse clinic
To investigate the recurrence stricture rate of the study group vs control group
To investigate the possible complications of SUC

Methodology

Retrospectively assessed all patients referred for SUC in Urology Nurse Clinic from January 2008 to December 2009 in Queen Elizabeth Hospital. The cause of urethral stricture, compliance to SUC and stricture recurrence of patients were assessed. In the study period, patients who had more than one urethral dilatation were included as control. Demographic data were retrieved from clinical management system retrospectively.

Result

There were 60 patients included for analysis with an additional 43 patients included as control. SUC with Fr 16 Nelaton catheter was well tolerated by 95.2% of patients. The primary outcome was that the 5-year stricture recurrence rate of the SUC group (27.1%) was lower than that of the control group (58.7%) ($p=0.000$). Compliance rate was 80%. The secondary outcome was about SUC complications: there were only 5.0% of patients who had documented urinary tract infection after the use of SUC and only one patient (1.7%) developed urethral false tract due to SUC. Only 10% of patients stopped SUC due to non-compliance. Furthermore, the duration of patient remaining stricture-free: the median of the first recurrence rate of the study group is 32 months, whereas the control

group is 18 months. Conclusion: In view of the possible complications and disadvantages of urethroplasty. SUC with lower percentage of stricture recurrence rate : SUC group (27.1%) was lower than the control group (58.7%) ($p=0.000$) . It is also well tolerated by 95.2% patients, with minimal complications rate reported. On the other hand, it saves O.T. queuing time and sessions, admission rate and manpower. Last but not least, it promotes self care of patients. All in all, SUC is effective in reducing urethral stricture recurrence and it is well tolerated by patients under Urology Nurses' supervision. It provides an extra option for Urethral Dilatation and for those patients who refuse Urethroplasty.