Excision of Urethral Diverticulum – Male

**Item Number:**

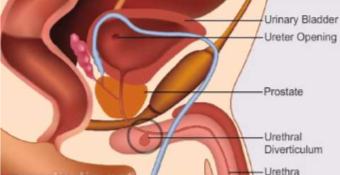
Why is it done?

 Usually an infected peri-urethral gland blocks and becomes infected

 Causes a bulge which interferes with urination

 Can mimic prostate enlargement LUTS

 Usually an MRI of the urethra delineates this beautifully.

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How is it done?

 This procedure is done under a general anaesthetic, as decided by the anaesthetist.

 The legs will be elevated into the lithotomy position.

 This procedure is done both cystoscopically and with an incision over the urethra (Bulbous Spongiosum or Perineum)

 The urethra is evaluated. endoscopically and a catheter placed

 If it is a small urethral diverticulum it can be opened into the urethra endoscopically

 If it has a narrow neck then an external approach:

 The Penis or Perineum will then be incised over the urethrocoele.

 A Fogarty catheter will be placed inside the diverticulum and the balloon inflated to delineate the borders of the diverticulum.

 The diverticulum will be dissected out with injuring adjacent structures.

 The neck will be tied off at the level of the adjoining urethra.

 Dissolvable closure sutures will be placed for hemostasis

 A cystoscopy confirms no injury to the urethra.

 A catheter will be placed until you are awake for some compression.

 Prophylactic antibiotics will be given to prevent infection.



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Complications

**Side–effects**

 Any anaesthetic has its risks and the anaesthetist will explain all such risks.

 Complications: hemorrhaging, and urine retention

 Patients catheter will be removed the next morning

 If you cannot urinate after 2-3 attempts, a catheter may be inserted to empty your bladder.

 You may suffer temporary incontinence

 You may suffer permanent incontinence as advised by Jo, depending on the extent of the diverticulum. Make sure you have discussed this with Jo.

 NB! Each person is unique and for this reason symptoms may vary!

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