A LINED PREPTIAL FLAP FOR URETHERAL FISTULA CLOSURE

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Abnormal uretheral opening can be due to a variety of causes. This fistula may follow a hypospadius repair, infection or treatment for a stricture urethera. Although numerous methods have been described in the literature, none of them is satisfactory.

A lined perpuceal flap technique is being practised in this department for last three years with constant good results.

In a consequetive series of fourteen cases this technique has been used. Four cases of uretheral fistula had earlier attempts of closure varying from one to 6 times.

OPERATIVE TECHNIQUE :

This technique is based on the principle of using prepuce as a ready made lining and cover. The height of the prepuce decides the proximal extent of the uretheral opening which can be closed by this technique.

The margin of the fistula are paired and the prepuce is slitted through and through on the ventral aspect. This incision is further extended upto the fistula. Then an incision is made in the coronal sulcus (Dotted line) dividing only the inner layer of the prepuce (Fig. 1). Both the layers of the prepuce are divided on the dorsal aspect also upto coronal sulcus vertically. Finally the rim of the prepuce is paired. This gives a ready lined flap (Fig. 2) the inner layer of prepuce is stitched to the uretheral mucosa by two continuous 5-0 pull through nylon sutures. (Fig. 3) Now the other half of the prepuce is opened up like an a omberdanne's flap. This is brought to the ventral aspect from the side to cover the raw area like a Byar's flap (Fig. 3). The final suture line appears like a curve (Fig. 4). An indwelling catheter is kept for 5-7 days per via naturalis.'

RESULTS :

Perfect fistula closure was obtained in 13 cases (Fig. 5 a & b).

Good functional results were obtained in all the cases.

That is to say that they had good adequate urinary stream from the tip. Only one case, has temporary leak for a couple of days. This gradually ceased and patient was able to pass urine from the tip.

DISCUSSION :

Perpuceal tissue has been utilised in the repair of hypospadius by many workers in many forms (Asopa, 1978, Ombredanne's

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1923 ; Hortin Devine, 1973 ; Broadbent et al 1961 : Mustarde 1971). But no report is available for its use to clos uretheral fistula.

The success of this method is depended upon various factors : (a) presence of adequate size of perpuceal tissue. (b) Adequate underming of the skin over the penile shaft (c) Absolute haemostasis.

It is very difficult for us to comment and compare this technique as compared to various other operations which utilise perpuceal tissue. But this simple method gives adequate functional and cosmetic result.

The method is simple and can be practised with certainty, rapidity and without complications and without perineal diversion. It is hoped that it will bring out constantly good results.

SUMMARY

This technique which details the use of lined perpuceal flap for the closure of uretheral fistula has been outlined here. Operative details and results have been discussed in details.

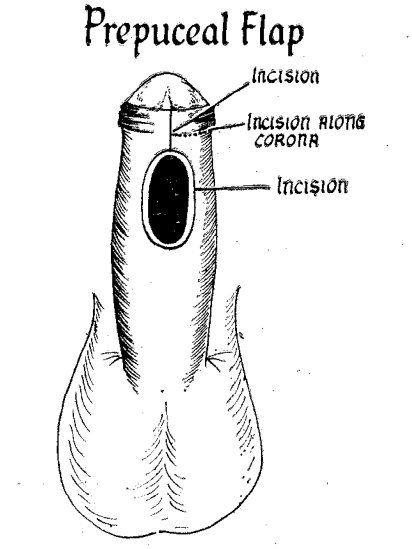

Fig. showing various Incisions

Fig. 1.

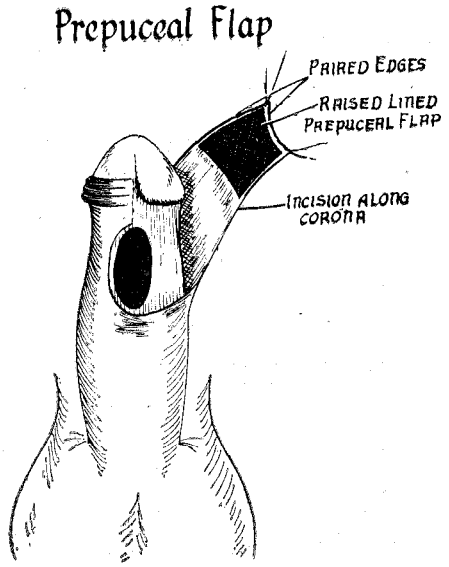

Fig. showing Raised lined Prepuceal Flap

Fig. 2.

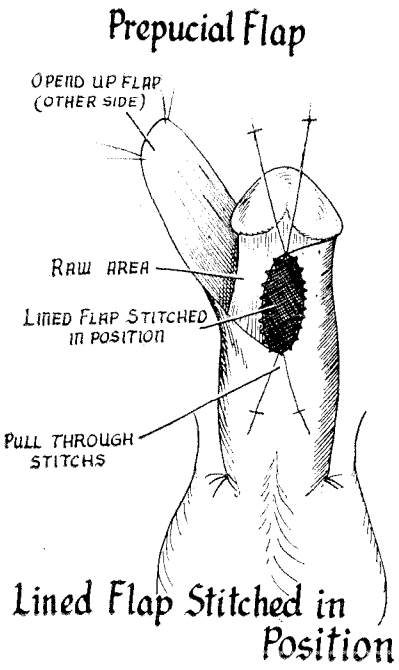

Fig. 3.

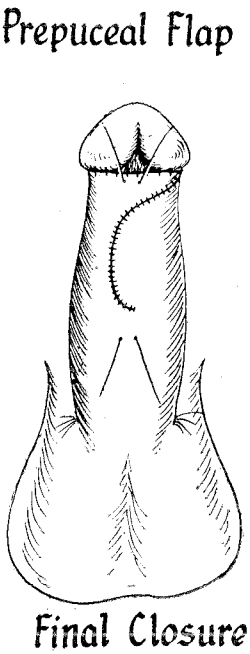

Fig. 4.

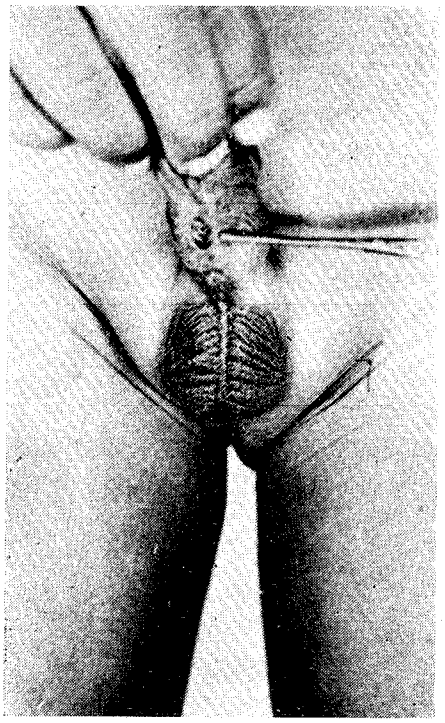

Fig. 5(a) Pre-Operative

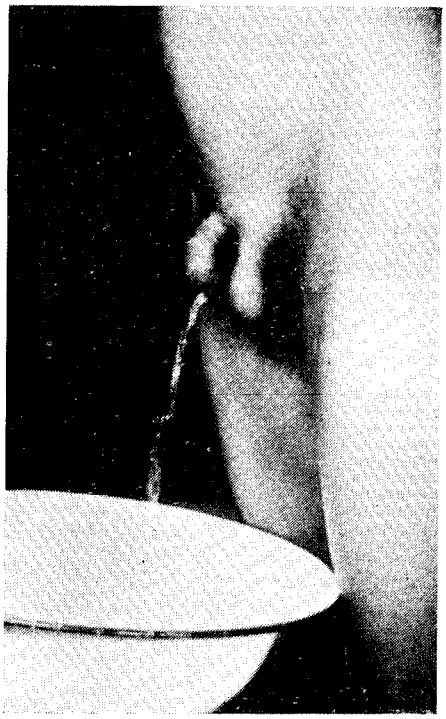

Fig. 5(b) Post-Operative

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