



PROFESSOR

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Optical Urethrotomy

An **optical urethrotomy** is a procedure to treat a **urethral stricture**, which is a narrowing of the urethra caused by scar tissue. This is done using a telescope passed into the urethra to directly visualise and incise the stricture with a fine internal knife or laser. The goal is to restore normal urinary flow without making any external incisions.

Why is an optical urethrotomy required?

Urethral strictures can result from previous infections, trauma, catheterisation, surgery, or may be idiopathic (no clear cause). They can lead to symptoms such as:

- Difficulty passing urine
- A slow or weak urinary stream
- Frequent urinary tract infections
- Incomplete bladder emptying
- Pain with urination

An optical urethrotomy is recommended when these symptoms **impact quality of life** or when other treatments, such as urethral dilatation, have not provided lasting relief.

Before surgery

You will be contacted 1–2 weeks prior to your scheduled procedure with specific fasting instructions and hospital admission details. You will also receive a link to complete your online admission forms.

It is important to advise the rooms if you are taking any **blood thinners** or any prescribed medications for **diabetes or weight loss purposes**. The rooms can be contacted on (03) 9329 1197.

During surgery

The operation is usually performed under a general anaesthetic (completely asleep), or a spinal anaesthetic (awake but numb from the waist down).

- A telescope (cystoscope) is inserted into the urethra to locate the stricture.
- A special internal blade or laser is used to cut through the narrowed segment.
- No external cuts or stitches are made.
- A **catheter** is usually placed in the bladder for **2–5 days** after the operation to allow the urethra to heal.

The procedure typically takes **30–45 minutes** to complete and is performed as day surgery.

Following surgery

Hospital stay

In recovery, you will wake up with a urinary catheter in place. A small dressing may be used to absorb any blood around the catheter site and is typically removed the following day.

Once initial discomfort has settled, you will be asked to complete a **urine flow test**. Prof Lawrentschuk will use these results as a baseline to assess your progress following the procedure.

Recovering at home

Once at home, please note the following:

- **Mild stinging, burning, or blood in the urine** is common for **a few days** after catheter removal.
- **Drink plenty of fluids** for 2 days after discharge to flush the urinary system.

In some cases, you may be taught **clean intermittent self-catheterisation (CISC)** to help prevent the stricture from reforming. If you have any queries regarding care surrounding this type of catheter after discharge, please call the rooms on (03) 9329 1197.

Possible side effects

Common (1 in 2 to 1 in 10):

- Mild burning or bleeding when passing urine
- Temporary catheterisation
- Need for intermittent self-catheterisation to keep the urethra open
- Recurrence of the stricture requiring repeat treatment

Occasional (1 in 10 to 1 in 50):

- Urinary tract infection requiring antibiotics
- Incidental findings in the bladder requiring further investigation

Rare (1 in 50 to 1 in 250):

- Decreased quality of erections for males, occasionally requiring additional treatment

Alternative treatment options

Alternative treatment options include:

- **Observation:** In mild or asymptomatic cases.
- **Urethral dilatation:** A temporary stretching of the stricture, often with quicker recurrence.
- **Open urethroplasty:** A more invasive surgical reconstruction that may be recommended if strictures are recurrent or long.

Prof Lawrentschuk will discuss these alternatives with you and recommend the course of action that will best suit your needs.

When to seek help

Please contact **Prof Lawrentschuk's rooms** at (03) 9329 1197 or attend your nearest **Emergency Department** if you experience:

- Signs of infection such as a fever.
- Long-lasting nausea and vomiting.
- Inability to urinate or difficulty urinating.

Follow-up and monitoring

A follow-up appointment will be scheduled **6-8 weeks** post-surgery to review your recovery and assess the need for any additional medication or procedures. Prof Lawrentschuk may also wish for you to complete an additional flow test.

Please note that urethral strictures can recur. Further optical urethrotomy, dilatation, or more complex surgical options may be considered if this occurs.