What You Need to Know about a Urethral Stricture

What is a urethral stricture?

A urethral stricture is a tightening or scarring of the urethra (the tube that allows urine to flow out of the body from the bladder through the penis). Strictures are not common. But they can usually be fixed in their early stages.

What are the symptoms of a urethral stricture?

Many of the symptoms of a stricture are the same as those for an enlarged prostate. These include:

- Slow stream
- Needing to push or strain to urinate
- Feeling that the bladder is not completely empty
- Getting up to go at night
- Going often
- Urinary infections

Some symptoms of a stricture are different from those of an enlarged prostate. These include:

- A very narrow stream
- Spraying or splitting of the stream
- Not able to increase the flow even by straining

What causes a urethral stricture?

- Injury. This is the most common cause of a stricture. The penis or pelvic area can be scarred from an accident, a catheter or during a surgery.
- Infection or inflammation. An infection, such as gonorrhea and chlamydia, can cause a stricture. So can an inflammation, such as that caused by lichen sclerosus.

Sometimes we don’t know what causes a stricture. But this does not affect the success of treatment.

How can you tell if I have a urethral stricture?

To check for a stricture, we may do one or more of the following:

- Cystoscopy. This is how we find most strictures. A thin, flexible tube with a camera (called a cystoscope) is passed through the penis toward the bladder.
- Urethrogram. Sometimes, a cystoscope is too big to pass through a stricture. In this case, we do a urethrogram. First, we put liquid dye into the penis as far as it will go. This dye will show on X-ray pictures. Next, a small, flexible tube (or catheter) is gently inserted through the stricture into the bladder. The bladder is then filled with the same dye. After the tube is removed, the patient urinates while more X-ray pictures are taken.
• **Uroflowmetry.** The patient urinates into a small machine that measures how much and how fast urine comes out.

• **Post-void residual urine volume.** After a patient urinates, a nurse uses ultrasound (sound waves) to see how much urine is still in the bladder.

• **Urinalysis and culture.** A urine sample is collected to look for blood or infection.

### What problems can a urethral stricture cause?

If a stricture is not treated:

• The urethra can get blocked, and you may not be able to urinate at all.

• The muscles in the walls of your bladder may thicken from trying to force out urine. Over time, the walls may not stretch as well, making it hard to hold much urine at all.

• You may get an infection. When you cannot empty your bladder all the way, there is a greater chance that germs will grow there.

• You may get bladder stones. Urine and germs in the bladder can cause stones to form.

• You may get a fistula: urine may break through to the skin to get around the stricture. This is very rare. It can lead to harmful skin infections.

• Your kidneys may fail. Although this is rare, a long-term blockage can harm your kidneys.

### How is a urethral stricture treated?

• **Observation.** If the stricture is mild enough, we may not need to treat it. But because of the risks, this decision should only be made after talking with a urologist.

• **Dilation.** This involves stretching the stricture to widen it. (We may insert a balloon or catheter into the urethra.) This can improve your urination for months or years, but the stricture usually returns. Dilation may be used for those who are too ill for another treatment or who need a short-term fix. Some patients may dilate themselves at home using a catheter to keep the stricture open.

• **Urethrotomy.** This treatment is done under anesthesia (medicine to make the patient sleep). We insert a cystoscope (camera) through the penis up to the stricture. We then use a small blade or laser to widen the stricture. We do not take out the scar tissue, so the stricture often comes back. Like the dilation, this may be months or years later.

• **Stent.** A stent is a short, small tube that can be put into the urethra to hold the stricture open. There are currently no stents approved for use in the United States.

• **Urethroplasty.** This surgery is done by only a few trained experts at centers of excellence across the country. This is a broad term that describes several types of “plastic surgeries” of the urethra with tissue flaps and grafts. Long-term success rates are often over 80% and depend on the reason for the stricture.

Talk with your doctor about which of these options would be best for you.