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Steven B. Brandes



Allen F. Morey

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Editors

Advanced Male Urethral and Genital Reconstructive Surgery

Second Edition

Foreword by Guido Barbagli

 Humana Press

Editors

Steven B. Brandes
Division of Urologic Surgery
Washington University School
of Medicine
St. Louis, MO
USA

Allen F. Morey
Department of Urology
UT - Southwestern Medical School
Dallas, TX
USA

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Foreword

This book by Brandes and Morey, I have here the honor to introduce, is an updated text on advanced male urethral and genital reconstructive surgery. Out of 50 chapters, 37 are dedicated to male urethral stricture repair, 10 to complex reconstruction of the male genitalia, and 3 to male urinary incontinence surgery. I was greatly impressed by the list of prestigious authors involved in this project and the number and quality of the topics included in the text. The impact of this textbook on the urological community will be great and important. At the urological meetings and congresses that I have participated in, many requests from an update on urethral and genital reconstructive surgery, prosthesis implants, and more were received. Unfortunately, to date, the urologist's "bread and butter" is based primarily on prostatic cancer and robotic surgery, and, until now, it did not look as if the future offered much of change to this scenario. We need to thank Brandes and Morey who, with this textbook, fill a gap in our scientific knowledge and, more importantly, provide us with the cultural and technical instruments to apply to our daily professional practice, which also includes patients suffering from urethral diseases, genital anomalies, urinary incontinence, or a scarred bladder neck following prostatectomy, robotic also.

Reconstructive urethral surgery can be likened to a fan that ladies of old used to cool themselves: the wider the fan, the greater the effect. With urethral surgery, the wider the choice of techniques, the more stricture disease can be treated. Of course, in our daily practice, we use a standard choice of surgical techniques, but sometimes we are requested to use a nonstandard approach. Urethral stricture is not a homogeneous disease but includes a wide spectrum of different anatomical, pathological, and surgical conditions: from a simple meatal stenosis in patients with failed hypospadias repair, to panurethral disease in patients with genital lichen sclerosus, to complex posterior urethral stricture with a false passage in patients with pelvic trauma. Today, we are able to repair the majority of penile and bulbar urethral strictures using one-stage techniques with oral graft transplants. However, we also sometimes need to rediscover old techniques and old solutions to treat complex cases. Thus the two-stage or staged urethroplasty should not be banished to the attic. Today, oral mucosa is the most popular substitute material used for urethroplasty, but in some patients, the use of genital or extragenital skin should be the preferred choice.

This is the main point of the textbook from Brandes and Morey. This book like the wide open fan presents a wide spectrum of techniques to repair all

types of the stricture diseases that the surgeon might confront in daily practice. The textbook is fully illustrated and the techniques are presented step by step. The book clearly shows what the various urethral strictures look like and the surgical techniques to use for repair of these strictures. What approach to take will be determined by you, your experience, your surgical background, and your patient's expectations. Each day, as I enter the operating room, I remember the words of my friend and teacher in surgery and in life, George Webster from the Duke University Medical Center: "No single technique is appropriate for all situations and the successful surgeon will have a repertoire of operations to choose from. While the surgeon's goal is to create a urethral lumen of even caliber, this must not be accomplished at the expense of continence and sexual dysfunction."

These wise words say all that needs to be said.

Arezzo, Italy

Guido Barbagli, MD

Preface

We are extremely pleased with the completed version of this unique textbook on advanced male urethral and genital reconstruction. The discipline of male reconstructive urology has expanded beyond merely urethroplasty and penile and scrotal reconstruction; other important related topics include surgery for urinary incontinence, erectile dysfunction, urinary fistulas, priapism, tissue engineering, regenerative medicine, cancer survivorship, and wound healing. The chapters in this book have been contributed by internationally recognized experts, to whom we are most grateful. With their input, our hope has been to create a comprehensive resource which may help to codify, under one cover, the spectrum of surgical challenges faced in a contemporary male reconstructive urologic clinical practice.

As reconstructive urologists, we are fortunate to perform quality of life surgeries that relieve patient suffering. This is truly a privileged and humbling craft which often provides transformative benefits for our patients. Many people see their profession as just a means to pay the bills. For us, it is more of a calling. In the words of Steve Jobs, founder of the Apple computer company:

You've got to find what you love. And this is as true for your work as it is for your lovers. Your work is going to fill a large part of your life; and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do. If you have not found it yet, keep looking. Don't settle.

We agree – don't settle – strive for greatness and do what you love.

Reconstructive urology is an evolving field with an international flavor; important innovations have been introduced from all corners of the globe. Many of the procedures highlighted in this book did not exist 10 years ago. We embrace these innovations and encourage an open, reflective mindset – take chances when necessary and do not be afraid to make adjustments as needed for continual improvement, on the wards, clinics, and operating theaters and in your personal life.

One of the chapters in the textbook deals with complications of urethroplasty. While failures are unwanted, we grow by learning from our mistakes, and by making changes, so as not to repeat the same errors in the future. In reconstructive urology, making changes in patient selection, surgical technique, and decision making is an ongoing process.

We are grateful to our families, friends, mentors, colleagues, and trainees for their support and inspiration in the completion of this compendium. In the words of James Joyce from the Dubliners, “[it is far] better to pass boldly into

that otherworld in the full glory of some passion, than fade and wither dismally with age.” We hope our textbook has helped solidify and strengthen your passion for the craft of male urethral and external genital reconstructive surgery. Enjoy!

St Louis, MO
Dallas, TX

Steven B. Brandes
Allen F. Morey

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Contributors

Daniela E. Andrich, MD, MSc, FRCS Institute of Urology, University College London Hospital, London, UK

Ifeanyichuku Anusionwu, MD Brady Urological Institute, Johns Hopkins Medical Institutions, Baltimore, MD, USA

Noel A. Armenakas, MD Department of Urology, Lenox Hill Hospital and New York Presbyterian Hospital, New York, NY, USA

Anthony Atala, MD Department of Urology, Wake Forest University Health Sciences, Winston-Salem, NC, USA

Guido Barbagli, MD Center for Reconstructive Urethral Surgery, Arezzo, Italy

Elisa Berdondini, MD Center for Reconstructive Urethral Surgery, Arezzo, Italy

Timothy B. Boone, MD, PhD Department of Urology, The Methodist Hospital, Houston, TX, USA

Steven B. Brandes, MD Division of Urologic Surgery, Department of Surgery, Washington University School of Medicine, St Louis, MO, USA

Benjamin N. Breyer, MD, MAS Department of Urology, University of California San Francisco, San Francisco General Hospital, San Francisco, CA, USA

Jill C. Buckley, MD Department of Urology, University of California, San Diego, San Diego, CA, USA

Arthur L. Burnett, MD, MBA Brady Urological Institute, Johns Hopkins Medical Institutions, Baltimore, MD, USA

Mang L. Chen, MD Department of Urology, Detroit Receiving Hospital, Detroit, MI, USA

Douglas E. Coplen, MD Department of Pediatric Urology, St. Louis Children's Hospital, Washington University School of Medicine, St. Louis, MO, USA

Nirvikar Dahiya, MD Department of Radiology, Washington University School of Medicine, St. Louis, MO, USA

Miroslav L. Djordjevic, MD, PhD Department of Urology, University Children's Hospital, Belgrade, Serbia

Leo R. Doumanian, MD Department of Urology, University of Southern California, Los Angeles, CA, USA

Daniel D. Dugi III, MD Department of Urology, Oregon Health Sciences University, Portland, OR, USA

Daniel S. Elliott, MD Department of Urology, Mayo Clinic, Rochester, MN, USA

Sean Elliot, MD Department of Urology, University of Minnesota, Minneapolis, MN, USA

Jairam R. Eswara, MD Department of Urology, Massachusetts General Hospital, Boston, MA, USA

Margit Fisch, MD Department of Urology and Paediatric Urology, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany

Giulio Garaffa, MD The Urology Centre, Broomfield Hospital, Chelmsford, Essex, UK

Reynaldo G. Gomez, MD Department of Urology, Hospital del Trabajador, Santiago, Chile

Christopher M. Gonzalez, MD Department of Urology, Northwestern University Feinberg School of Medicine, Chicago, IL, USA

Andrea Gregori, MD Department of Urologic Surgery, "Luigi Sacco" University Medical Center, Milan, Italy

Carlos Guidice, MD Department of Urology, Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

Michael L. Guralnick, MD, FRCSC Department of Urology, Medical College of Wisconsin, Milwaukee, WI, USA

Chris F. Heyns, MD Department of Urology, Stellenbosch Universiteit en Tygerberg-Hospital, Tygerberg, Cape Town, South Africa

Steven J. Hudak, MD Department of Urology, Brooke Army Medical Center, Fort Sam Houston, TX, USA

Peter A. Humphrey, MD, PhD Department of Pathology, Washington University School of Medicine, St. Louis, MO, USA

Michael H. Johnson, MD Department of Urology, Washington University School of Medicine, Saint Louis, MO, USA

Gerald H. Jordan, MD Department of Urology, Eastern Virginia Medical School, Norfolk, VA, USA

Pankaj M. Joshi, MS, DNB, Urology Centre for Urethral Reconstruction, Pune, Maharashtra, India

- Sanjay B. Kulkarni, MS, FRCS, DIP, Urology** Centre for Urethral Reconstruction, Pune, Maharashtra, India
- H. Henry Lai, MD** Division of Urologic Surgery, Department of Surgery, Washington University School of Medicine, St. Louis, MO, USA
- Stephen M. Larsen, MD** Department of Urology, Rush University Medical Center, Chicago, IL, USA
- Laurence A. Levine, MD** Department of Urology, Rush University Medical Center, Chicago, IL, USA
- Tom F. Lue, MD** Department of Urology, University of California San Francisco, San Francisco, CA, USA
- Zeljko Markovic, MD** Institute of Radiology, Central Clinic of Serbia, Belgrade, Serbia
- Jack W. McAninch, MD** Department of Urology, University of California San Francisco and San Francisco General Hospital, San Francisco, CA, USA
- Kurt McCammon, MD, FACS** Department of Urology, Eastern Virginia Medical School, Norfolk, VA, USA
- Chris McClung, MD** Department of Urology, Ohio State University, Columbus, OH, USA
- Christine O. Menias, MD** Department of Radiology, Mayo Clinic, Scottsdale, AZ, USA
- Allen F. Morey, MD** Department of Urology, UT Southwestern Medical School, Dallas, TX, USA
- A.R. Mundy, MS FRCS, FRCP, PhD (Hon)** Institute of Urology, University College London Hospital, London, UK
- Jack H. Mydlo, MD** Department of Urology, School of Medicine, Temple University, Philadelphia, PA, USA
- R. Corey O'Connor, MD, FACS** Department of Urology, Medical College of Wisconsin, Milwaukee, WI, USA
- Enzo Palminteri, MD** Center for Reconstructive Urethral Surgery, Arezzo, Italy
- Andrew C. Peterson, MD, FACS** Division of Urologic Surgery, Department of Surgery, Duke University Medical Center, Durham, NC, USA
- Daniel Pfalzgraf, MD** Department of Urology and Paediatric Urology, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany
- David John Ralph, MD** St. Peter's Andrology, London, UK
- C. Philip Reiss, MD** Department of Urology and Paediatric Urology, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany

Daniel Rosenstein, MD Department of Urology, Santa Clara Valley Medical Center, Stanford University School of Medicine, Palo Alto, CA, USA

Keith Rourke, MD Division of Urology, Department of Surgery, University of Alberta, Edmonton, AB, Canada

Salvatore Sansalome, MD Department of Urology, Tor Vergata University, Rome, Italy

Richard A. Santucci, MD, FACS Department of Urology, Detroit Medical Center, Detroit, MI, USA

Ofer Shenfeld, MD Department of Urology, Shaare Zedek Medical Center, Jerusalem, Israel

Cary L. Siegel, MD Department Of Radiology, Washington University School of Medicine, St. Louis, MO, USA

Alchiede Simonato, MD Department of Urology, IRCCS Azienda ospedaliera Universitaria San Martino – IST, Genoa, Italy

Ryan P. Terlecki, MD Department of Urology, Wake Forest University Health Sciences, Winston-Salem, NC, USA

John D. Terrell, MD Arkansas Urology Associates, P.A., Little Rock, AR, USA

Hema J. Thakar, MD Department of Plastic Surgery, Oregon Health Sciences University, Portland, OR, USA

Landon Trost, MD Department of Urology, Mayo Clinic, Rochester, MN, USA

Jacqueline D. Villalta, MD Department of Urology, University of California, San Francisco, CA, USA

Ramón Virasoro, MD Department of Urology, Eastern Virginia Medical School, Norfolk, VA, USA

Hunter Wessells, MD Department of Urology, University of Washington, Harborview Medical Center, Seattle, WA, USA

Steven K. Wilson, MD, FACS, FRCS Wilson Urology Associates, P.A., Indio, CA, USA

Daniel Yachia, MD Rappaport School of Medicine Technion – Israel Institute of Technology, Hillel Yaffe Medical Center – Hadera, Haifa, Israel

Lee C. Zhao, MD Department of Urology, New York University School of Medicine, New York, NY, USA

Leonard Zinman, MD Department of Urology, Lahey Clinic, Burlington, MA, USA

Jack M. Zuckerman, MD Department of Urology, Eastern Virginia Medical School, Norfolk, VA, USA