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Durability of Memokath™ urethral stent for stabilisation of recurrent bulbar urethral strictures -- medium-term results.

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Abstract

OBJECTIVE:

To examine the durability after 3 months deployment of a urethral (Memokath™) stent in conjunction with endoscopic treatment of recurrent bulbar urethral strictures, as repeated endoscopic treatment of urethral strictures can cause worsening of underlying spongiositis.

PATIENTS AND METHODS:

Prospective series of 22 patients with recurrent bulbar strictures requiring repeat endoscopic treatment were included. The median age was 38 years and the mean stricture length was 2.4 cm. The median number of previous dilatation or direct visual internal urethrotomy (DVIU) procedures was three with a mean time to stricture recurrence of 2 months. After endoscopic dilatation or DVIU, the urethral (Memokath™) stent was deployed and left situ for 3 months. Re-stricture rates were examined with uroflowmetry at 3, 6 and 12 months and confirmed with 17-F cystoscopy at 1 year after stent removal. A telephone survey was conducted at >1-year follow-up.

RESULTS:

Five of the 22 (22%) patients had stricture recurrence after stent removal. In all, 17/22 (78%) patients remained stricture-free at a median (range) follow-up of 23 (9-31) months. Uroflowmetry showed significantly improved flow rates, which were sustained at 12 months after stent removal. On Kaplan-Meier analysis, there was a significant delay (23 vs 2 months) in stricture or symptom recurrence after stent removal.

CONCLUSION:

The medium term results of temporary urethral stent placement are encouraging with 78% of patients remaining stricture-free at a median follow-up of 23 months.

