

To find out the Incidence of Erectile Dysfunction among patients of Stricture Urethra

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ABSTRACT

Aim: To find out the incidence of erectile dysfunction among patients of stricture urethra.

Methods: It was an observational, descriptive, cross-sectional Survey. In this study 38 male patients were studied. These subjects were treated in the urology department of Services Hospital, Lahore during January 2014 to December 2016. International Index of Erectile Function (IIEF-5) was used to determine the erectile dysfunction.

Result: The incidence of the erectile dysfunction in patients with urethral stricture was 28.94%.

Conclusion; The study reveals that the incidence of erectile dysfunction is significant among patients with urethral stricture

Keywords: Stricture urethra, erectile dysfunction, perineal trauma

INTRODUCTION

Urethral stricture is a common disease in which the urethral lumen narrows down due to growth of fibrotic tissue at inflammatory site of urethral tract^{1,2}. In a consequence the lower urinary tract symptoms (LUTS) are presented in patients³. These conditions greatly impact the health as well as the quality of life of patients¹ Mostly urethral stricture occurs in males and previous studies have reported that there are many post operative complications associated with it, most common are bleeding, infection, incontinence, impotence, and stricture recurrence, whereas the frequent causes are perineal trauma, long term urethral catheterization, urologic instrumentation, chronic other disorders such as lichen sclerosis, and sexually transmitted diseases⁴.

In the recent study the incidence is reported as high as 40% whereas another later study has found the prevalence of 78%. Preoperative prevalence of ED evaluated by IIEF was found to be 82.8%. Postoperative occurrence of ED was 28.5% and new starting point ED is 50%⁵. Significant prevalence of ED with urethral stricture has shown that the risk of erectile dysfunction (ED) is very high among patients with urethral stricture. The current study was conducted to determine the incidence erectile dysfunction after urethral stricture.

It was an observational, descriptive, cross-sectional survey. In this study 38 male patients of traumatic stricture urethra were studied. These subjects were treated in the urology department of Services Hospital, Lahore during January 2014 to December 2016. International Index of Erectile Function (IIEF-5) was used to determine the erectile dysfunction.

RESULTS

In this study 38 patients with traumatic stricture urethra were studied. 33 patients were married and 5 were unmarried. 2 patients had stricture of posterior urethra and

SUBJECTS AND METHODS

were treated with Anastamotic End to End Urethroplasty whereas 6 had Direct Visual Internal Urethrotomy (DVIU) first time while 30 had multiple DVIU had anterior urethral stricture treated by DVIU. The mean age of the patients was 39.82±16.93 with minimum age of 18years and maximum age of 73 years. Among the patients in 29(76.3%) the Stricture site was bulbar, in 6(15.8%) the site was distal bulbar, in 1(2.6%) it was bulbomembranous, in 1(2.6%) it was mid-penile and in 1(2.6%) stricture site was posterior urethra. Erectile dysfunction was found in 11(28.94%) of patients with urethral stricture.

DISCUSSION

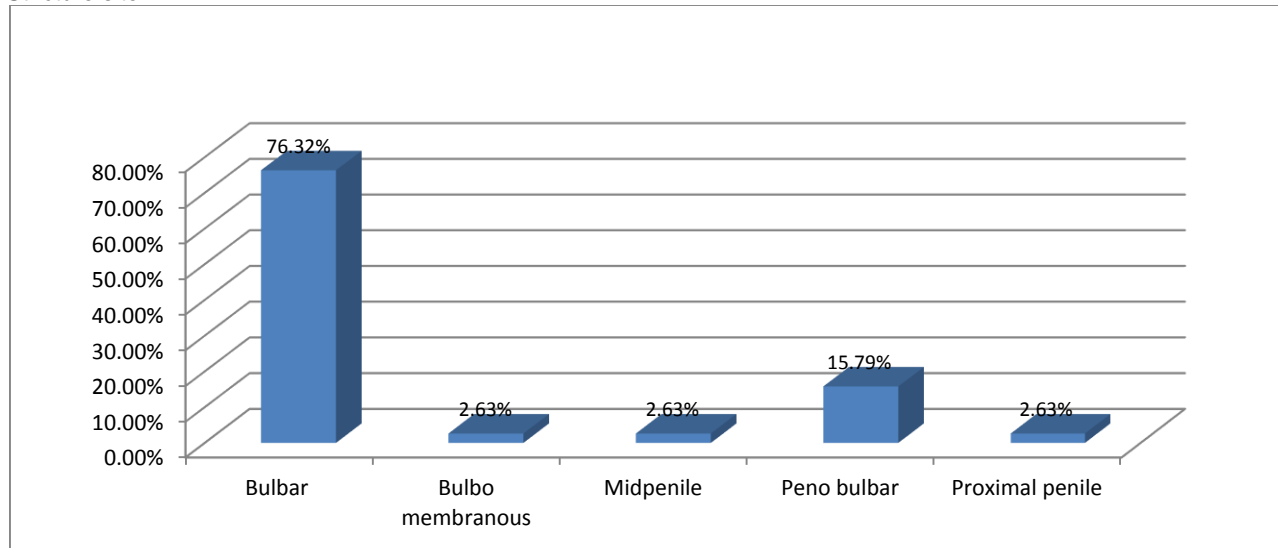
In this study the erectile dysfunction rate is determined in the patients treated for urethral stricture. To treat urethral stricture many treatment have been involved which includes urethral dilatation and Direct Visual Internal Urethrotomy (DVIU)¹, similarly surgical techniques are also used. The success rate of urethrotomy is lower than anastamotic end to end urethroplasty². Anastamotic End to End Urethroplasty has been shown to cause transient post-operative erectile functional decline in up to 40% of patients. Multiple risk factors appear to be engaged, such as age of patient, stricture length and location, and type of renovation. While ED in anastamotic repairs has been shown to be significantly higher at three months post-operatively, there is not any demonstrable difference at six months and beyond. In fact, overall sexual satisfaction after urethroplasty lasting more than 6 months⁶.

As compared to reported incidence of erectile dysfunction in patients with urethral stricture was low. The literature reports that the incidence is high among patients above aged 50years whereas in our study 78.9% of the subjects were aged below 50years. The second reason could be that most of the patients were treated with surgical technique and the stricture region was bulbar².

In a study the incidence of incontinence requiring protection was 33% and only 2.8% of respondents had persistent bladder neck contracture or urethral stricture. Although incontinence and impotence significantly affected self-reported sexual function satisfaction, quality of life and willingness to undergo treatment again⁷.

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Stricture site



Thus the study shows that the erectile dysfunction has low incidence but it has greater impact on the quality of the life and further studies should be conducted to determine the factors affecting the erectile dysfunction in our population.

CONCLUSIONS

The study reveals that the incidence of erectile dysfunction is significant among patients with urethral stricture

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