

## INTERMITTENT LOW FRICTION CATHETERIZATION FOR STRICTURES

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(Presentation to be made by Dr Lawrence)

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Treatment of urethral strictures by optical urethrotomy is associated with a significant incidence of recurrence. From November 1985 patients with recurrent strictures have started a programme of weekly Intermittent Self-Catheterization (ISC) following optical urethrotomy in the hope of preventing restenosis. We now have follow up for 3-4 years. 59 men with a history of at least one previous urethrotomy presented with a recurrent stricture that needed a further urethrotomy. The technique and management were as previously reported. All patients performed ISC weekly for 6 months with a disposable "LoFric" catheter and were then randomised to continue or stop catheterization (Groups 1 & 2). Patients were followed up clinically and with serial Flow Rate measurements three monthly. 9 patients died of unrelated causes, 2 were lost from follow up, and 3 defaulted from the technique, leaving 45 patients for assessment. All 21 patients from Group 1 are voiding well, whereas 8/24 patients from Group 2 have developed a recurrent stricture needing further surgery. Flow Rates (Q max) showed no significant difference between the groups in the first 6 months (21.1 & 19.8 mls/sec). At 3 years the mean maximum Flow Rate for Group 1 patients was not diminished (19.3 mls/sec). The corresponding figures for asymptomatic and symptomatic patients in Group 2 were significantly lower (13.8 & 9.1 mls/sec). ISC has been easy to teach to an elderly population. A significant number of patients (33 %) who stopped ISC needed further surgery within 18 months. Patients on weekly ISC had better Flow Rates than those who stopped. It is noteworthy that 9 elderly patients died of unrelated causes and it would have been unfortunate if they had undergone expensive operative treatment.