

Direct vision internal urethrotomy ~~has been considered is~~ a minimally-invasive and widely-used ~~therapeutic~~ method ~~for of treating~~ male urethral stricture. ~~There, but there~~ is no consensus concerning its efficacy, ~~however~~. We ~~therefore~~ evaluated the efficacy of direct vision internal urethrotomy in 45 male ~~urethral stricture~~. 45 patients ~~at the~~ aged 44-76 years ~~old (Median, (median: 61) years) who~~ underwent ~~direct vision internal urethrotomy this procedure~~ for urethral stricture at our university hospital ~~were~~ included. ~~Strictures were at~~. The stricture was located in the bulbar urethra in 42 patients, in the membranous urethra in 2 patients, and in the pendulous urethra in 1 patient. ~~The stricture lengths~~. Stricture length was estimated ~~with by~~ retrograde urethrography ~~were shorter than, revealing that the stricture was < 1cm in 35 patients, 1-2cm 2 cm in 8 patients, and longer than 2cm > 2 cm in 2 patients.~~ The ~~stricture~~ etiology of the stricture was ~~as follows:~~ straddle injury, in 14 patients; ~~post,~~ transurethral surgery, in 15 patients; pelvic fracture, in 7 patients; ~~not known,~~ and unknown in 9 patients. ~~The operation~~ Surgery was ~~done performed~~ by cold knife incision using a guidewire. The duration of ~~post-operative~~ postoperative urethral ~~eathetel~~ catheterization was 7-35 days (Mean, mean: 14.4). ~~Follow~~ days) and the follow-up duration varied, ranging period ranged from 2- to 73 months (Mean, mean: 38.2). ~~The definition of postoperative re-stricture was the~~ months). Postoperative recurrence was defined as confirmation of

~~re-recurrent~~ stricture ~~with~~by retrograde urethrography, or ~~deterioration~~exacerbation of ~~symptoms~~symptoms. Although serious complications ~~were~~did not ~~observed at all~~, ~~post-operative re-occur~~, ~~postoperative recurrence of the~~ stricture was ~~seen~~detected in 32 patients. The ~~rates of~~ stricture-free ~~rate~~ at 3 ~~and~~months, 6 months, and 3 years after the first ~~direct vision internal~~urethrotomy ~~were~~procedure was 42.7, 36.1, and 18.3%, respectively. ~~Second direct~~Direct vision internal urethrotomy was ~~undertaken~~ ~~for~~repeated in 14 patients with ~~re-recurrent~~ stricture, but ~~failed in~~ 12 patients ~~failed~~. The ~~rates of~~ stricture-free ~~rate~~ at 3 ~~and~~months, 6 months, and 3 years after ~~the second direct vision internal~~repeat urethrotomy ~~were~~was 40.4, 26.6, and 12.3%. ~~In addition, though the~~%, respectively. A third direct vision internal urethrotomy ~~procedure~~ was done ~~for~~in 4 ~~of them, patients, but~~ they could not void ~~just~~immediately ~~following the~~after urethral ~~catheter~~removal ~~of urethral catheters~~. The ~~rates of~~ stricture-free ~~in stricture shorter than~~ ~~rate~~ was higher ~~among patients with strictures < 1 cm~~ compared to ~~that in~~ ~~1 cm or longer~~patients with strictures ≥ 1 cm, although ~~it wasn't a~~the difference was not significant ~~difference~~ ($P > 0.05$). In conclusion, ~~efficacy of~~ direct vision internal urethrotomy was ~~lesser~~less effective than expected. ~~It and it~~ appears to be ~~applied~~ ~~to~~overused for male urethral ~~strictures in excess~~. ~~The authors~~stricture. We do not recommend ~~that it be performed~~performing this procedure for long ~~and~~or recurrent

urethral ~~stricture~~.strictures.

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