

## **Primary Urethral Realignment in Traumatic Urethral Rupture**

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**Objective:** To study the role of early realignment of the urethra in cases of complete rupture of the membranous urethra.

**Methods:** Fifteen patients were admitted to King Fahd Hospital of the University, Al-Khobar, Kingdom of Saudi Arabia, with complete rupture of the posterior urethra associated with fractured pelvis after road traffic accidents. Three of these patients were referred for further management with suprapubic catheters alone. The remaining twelve patients were explored, after resuscitation, shortly after the accident to establish the alignment of the urethra on a Foley's catheter as well as bladder drainage through a suprapubic catheter.

**Results:** Realignment of the urethra was successful in 9 patients and unsuccessful in the remaining 3 patients. In the realignment group, two patients were impotent and none was incontinent. Five patients did not need any further treatment (follow up 13-19 months) and 4 developed short segment urethral stricture that required visual urethrotomies at 4-12 month intervals. Long stricture (1.5 - 4 cm long) occurred in all 6 patients who had solely suprapubic catheterization, 3 of whom had urethroplasty while the other 3 were lost to follow up. Two patients of this group were impotent after the accident. Two of the three who had urethroplasty developed urethral stricture and had internal urethrotomies at 6 -12 months intervals.

**Conclusion:** Urethral realignment seems to have a place in the initial management of patients with complete rupture of the posterior urethra associated with pelvic fracture. It appears to reduce the incidence of post traumatic stricture with no increase in the risk of impotence or incontinence.