American Urological Association

# Guideline Amendment Summary

## Urethral Stricture Disease

### Published 2016; Amended 2023

The changes below constitute updates made in the 2023 Amendment:

| Section | Document Update |
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| Title | The Guideline title has been changed from Male Urethral Stricture to Urethral Stricture Disease to reflect inclusion of female urethral stricture diagnosis and treatment. |
| Methodology | The methodology section was updated to note updated search dates and amendment peer review details. |
| Statement 1 | Statement 1 was reworded as follows:<br><br>1. Clinicians should include urethral stricture in the differential diagnosis of patients ~~men~~ who present with decreased urinary stream, incomplete emptying, dysuria, urinary tract infection, and rising post void residual. (Moderate Recommendation; Evidence Strength: Grade C)<br><br>The supporting was updated to include diagnosis of female urethral stricture. |
| Statement 3 | The statement remains unchanged; the supporting text was updated to include imaging in female patients and voiding cystourethrography in male and female patients. |
| Statement 6 | Statement 6 was reworded as follows:<br><br>2. Surgeons may place a suprapubic cystostomy to promote "urethral rest" prior to definitive urethroplasty in patients dependent on an indwelling urethral catheter or intermittent self-dilation. ~~Expert Opinion~~ (Conditional Recommendation; Evidence Level: Grade C)<br><br>The supporting text was updated include evidence to support urethral rest. |
| Statement 7 | This statement remains unchanged; additional text was added on potential complications related to urethroplasty. |

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| Statement 11b | This is a new statement:<br><br>11b. Surgeons may offer urethral dilation or direct visual internal urethrotomy, combined with drug-coated balloons, for recurrent bulbar urethral strictures <3cm in length. (Conditional Recommendation; Evidence Level: Grade B)<br><br>Supporting text was updated with data from the OPEN and ROBUST clinical trials reporting patient reported and patency outcomes of drug-coated balloons. |
| Statement 18b | This is a new statement:<br><br>18b. Surgeons should offer perineal urethrostomy as a long-term treatment option to patients as an alternative to urethroplasty in patient populations at high risk for failure of urethral reconstruction. (Expert Opinion)<br><br>Table 2 was added to the supporting text to delineate high-risk populations. |
| Statement 19b | This is a new statement:<br><br>19b. Surgeons may use either buccal or lingual mucosal grafts as equivalent alternatives. (Strong Recommendation; Evidence Level: Grade A)<br><br>Supporting text was updated with data on buccal or lingual mucosal grafts |
| Statement 26 | This is a new statement:<br><br>26. Surgeons may reconstruct female strictures using oral mucosal grafts, vaginal flaps, or a combination of these techniques. (Moderate Recommendation; Evidence Level: Grade C)<br><br>All supporting text is new to the guideline. |
| Statement 29 | Statement 29 was reworded as follows:<br><br>29. Surgeons may perform robotic or open reconstruction for recalcitrant stenosis of the bladder neck or post-prostatectomy vesicourethral anastomotic stenosis. (Conditional Recommendation; Evidence Level: Grade C)<br><br>Supporting text was updated with data on robotic surgery outcomes. |
| References | The reference list was updated to reflect document additions and deletions. |