

# Endoscopic Urethroplasty (TUITMR)

Patient Information · A no-incision repair of a scar at the bladder neck

WARWIKI

This is a repair of a tight scar at the bladder neck, or where the bladder was reconnected after prostate surgery, done entirely through a scope — with no outside incision. Your surgeon opens the scar and then stitches healthy bladder lining across it, so the area heals open instead of scarring shut again.

## About This Procedure

After prostate surgery or radiation, a tight scar can form at the **bladder neck**, or at the join between the bladder and urethra, and block the urine stream. Simply cutting the scar often lets it close again, because it heals over raw scar tissue.

This technique — **TUITMR** (transurethral incision with transverse mucosal realignment) — solves that problem:

- The surgeon **cuts the scar** through a scope to open the channel.
- Then, using a special **suturing tool**, healthy bladder lining is brought across and stitched over the cut — like a flap repair, but through the urethra.

Early results are encouraging: about **9 out of 10** stay open after one procedure, and nearly all after a second — with very little risk of new leakage in the first reported group.

## Is It Safe?

It is done entirely through the urethra, avoiding the larger robotic or open operations used for this problem. Early evidence is promising, including a low risk of new urine leakage, which can complicate other repairs here. Risks include bleeding, a urine infection, and the narrowing returning. It is a newer, specialized technique.

## LEARN THE TERMS

### Bladder neck

The outlet where the bladder funnels into the urethra.

### Bladder neck contracture

A tight scar at the bladder neck that blocks the urine stream.

### Anastomotic stenosis

A scar narrowing where the bladder was reconnected after prostate surgery.

### Urethra

The tube that carries urine out of the body.

### Mucosa (lining)

The healthy inner lining advanced across the scar to heal it open.

### Cystoscope

The thin camera the surgeon works through.

### Incontinence

Leaking urine — a risk this technique aims to keep low.

### Catheter

A soft tube left in the urethra for a short time while it heals.

**WILL IT HURT?** The procedure is done under anesthesia, so you feel nothing during it. Afterward, expect mild burning and some blood-tinged urine for a few days. A catheter is left in place for a short time. Most people go home the same day or after a short stay.

## How to Get Ready (Before the Procedure)

- Done under **general anesthesia** — follow all surgery instructions (fasting, and which medicines to hold, including blood thinners).
- A **urine test** checks for infection — an infection must be treated first.
- Plan for a **catheter for a short time**, and arrange a ride home.

### Tell your team ahead of time if you:

- Take a **blood thinner**, or have a current urine infection
- Have had **prostate surgery, radiation**, or prior treatments to this area

## What Happens During the Procedure

- 1 You are asleep under anesthesia and antibiotics are given.
- 2 A scope is passed to the scar, and a guidewire is placed for safety.
- 3 The scar is widened and cut to open the channel.
- 4 Using a suturing tool passed through the urethra, healthy bladder lining is advanced and stitched across the cut, and a catheter is left in place.

## After the Procedure

- You go home the **same day or after a short stay**, with a catheter for a short time.
- Expect **mild burning and pink urine** for a few days. Drinking extra water helps.
- **Avoid heavy lifting and straining** for a few weeks.
- A follow-up scope check (around **4 months**) confirms the area stays open.

### Call your care team or seek care if you have:

- A fever or chills
- You **cannot urinate**, especially after the catheter is out
- New heavy **leakage** of urine
- Heavy bleeding, blood clots, or worsening pain

## THREE THINGS TO REMEMBER

1. This is a no-incision repair of a scar at the bladder neck — the scar is opened and covered with healthy lining so it heals open, with a low risk of new leakage.
2. To prepare: follow your fasting and medicine instructions, treat any infection first, plan for a catheter for a short time, and arrange a ride.
3. Mild burning and a little pink urine for a few days is normal, and a follow-up scope confirms success. Call right away for fever, inability to urinate, new heavy leakage, or heavy bleeding.