

# Rectourethral Fistula (in Men)

WARWIKI

Patient Information · An abnormal connection between the rectum and the urine tube

A rectourethral fistula is an abnormal connection (a small tunnel) between the **rectum** (back passage) and the **urethra** (urine tube). It can let urine pass into the rectum and gas or stool pass into the urine, with repeated infections. It is distressing, but it can be repaired — usually with a planned, staged approach.

## About This Condition

Symptoms often include **gas or stool in the urine** (bubbles when you urinate, cloudy or foul urine), **urine leaking from the rectum**, recurrent urinary infections, and pelvic discomfort. It is a plumbing problem with a plumbing solution — not a reflection of anything you did.

## What Causes It

Most rectourethral fistulas are a **complication of prostate cancer treatment** — surgery (prostatectomy), **radiation**, or ablation (such as cryotherapy or HIFU) — or follow rectal surgery. Less often they result from injury, infection, or inflammatory bowel disease. Fistulas that follow **radiation** are more complex to heal.

## LEARN THE TERMS

### Fistula

An abnormal tunnel connecting two organs.

### Rectourethral

Between the rectum and the urethra.

### Pneumaturia

Gas/bubbles passing in the urine.

### Fecaluria

Stool material in the urine.

### Diversion

Temporarily rerouting urine and/or stool to allow healing.

### Colostomy

A temporary stool opening that may be used and later reversed.

### Gracilis flap

A thigh-muscle flap often used to reinforce the repair.

**WHY MIGHT I NEED A TEMPORARY STOMA OR CATHETER FIRST?** Diverting urine (a catheter or tube) and sometimes stool (a temporary colostomy) takes pressure off the area, controls infection, and lets inflamed tissue settle — which gives the later repair the best chance to heal. The diversions are usually **temporary** and reversed after healing.

## How It's Diagnosed

- A look inside the bladder/urethra (**cystoscopy**) and the rectum
- **Dye tests** and imaging to map the fistula's size and location
- Review of your history (prostate treatment, radiation) and tissue quality

## How It's Treated

- 1 **Settle and divert** — a catheter (and sometimes a temporary colostomy) to control symptoms and let tissue recover.
- 2 **Surgical repair** — commonly through the area between the scrotum and anus (transperineal), closing the connection in layers.
- 3 **Tissue flap** — healthy muscle (often a **gracilis** thigh flap) is placed between the repairs, especially after radiation.
- 4 **Reversal** — temporary stomas are reversed later, once healing is confirmed.

## Good to Know

- Timing matters — surgeons often wait for inflammation to settle before repairing.
- Small, non-radiated fistulas occasionally close with a catheter alone.
- Good nutrition and not smoking help healing.

### Seek care if you have:

- **Fever, chills, or feeling very unwell** (possible serious infection)
- Severe pelvic or rectal pain
- You **cannot urinate**, or heavy bleeding

### THREE THINGS TO REMEMBER

1. A rectourethral fistula connects the rectum and urethra — causing gas/stool in the urine and infections — most often after prostate cancer treatment.
2. Care is usually staged: divert and settle first, then repair (often with a tissue flap, especially after radiation), then reverse temporary stomas.
3. It is repairable. Seek care urgently for fever, severe pain, or inability to urinate.