Urethral Diverticulum

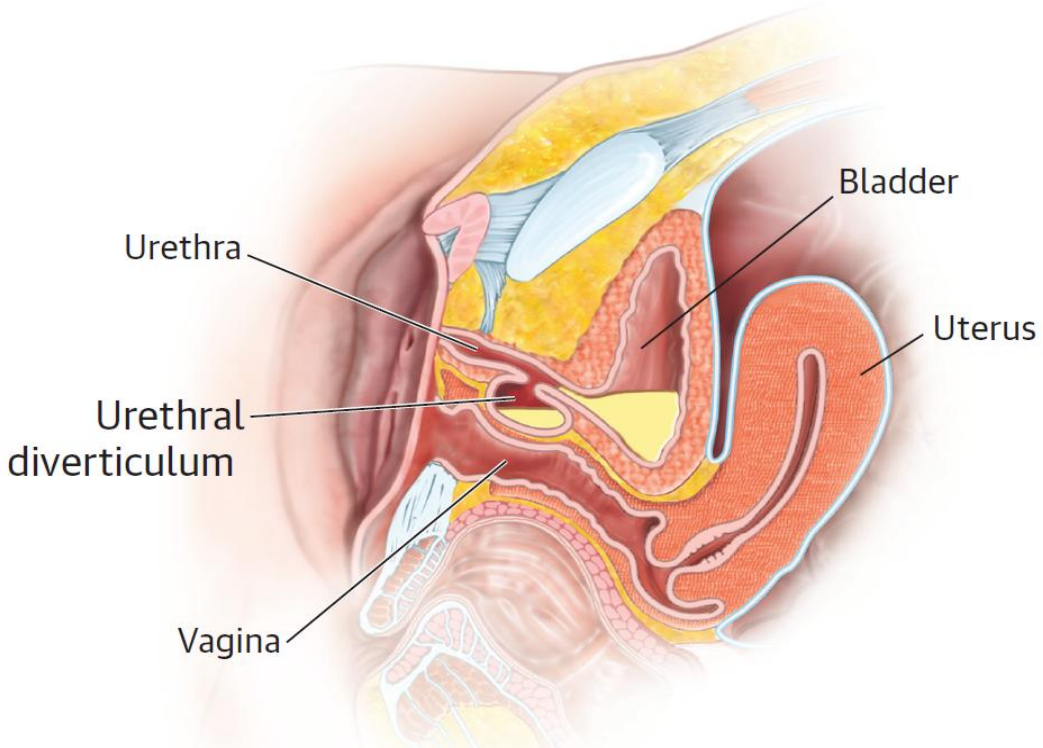
What is a urethral diverticulum?

A urethral diverticulum (UD) is a localised pouch or sac that arises from the urethra. These are relatively uncommon and the cause of a UD is not clear, but it is often linked to repeat infections causing weakness in the urethral wall. A blockage in the glands near the urethra may also cause it. The diverticulum retains urine after voiding, which can then become enlarged and infected. Symptoms include recurrent urinary tract infections, dribbling of urine after voiding, a painful lower vaginal lump and painful intercourse.

On examination, your gynaecologist may find a painful lump in the vagina, or discharge of urine and or pus on "milking" the urethra maybe seen. Imaging with ultrasound or MRI can confirm the diagnosis.

What is the treatment for a urethral diverticulum?

Surgical removal is the usual management. An incision is made in the vagina under the urethra and the diverticulum is dissected out from the surrounding tissue. After excision, the defect in the urethra and vagina is carefully closed.



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Serious complications are rare with this type of surgery. However, no surgery is without risk and the main potential complications are listed below.

- Recurrent diverticulum occurs in less than 5% of cases
- Removal of the diverticulum can weaken the urethral tissues, resulting in stress urinary incontinence (leakage of urine with coughing or sneezing) after the operation in less than 10% of patients
- Rarely, a false track can develop between the urethra and vagina after the surgery (fistula) allowing urine to leak into the vagina – this will usually need further surgery
- Urinary tract infections are seen in approximately 5% of patients
- In less than 5% of cases, urethral narrowing or stricture, which can cause difficulty emptying the bladder, is seen after the removal of the catheter
- Rarely, cancer has been found in the diverticulum so this tissue will be sent for examination

IN HOSPITAL: You can expect a 2–3 day hospitalisation. Your surgery will be covered with antibiotics to decrease the risk of infection and blood-thinning agents may be used to reduce the risk of clots forming in the postoperative phase. After the operation you will have an intravenous drip in your arm overnight and a small catheter will drain your bladder for 7–14 days. A vaginal pack is inserted at the end of the surgery and removed on the first post-operative day. Once the pain has settled you will normally be discharged with the catheter in place to drain the bladder and to allow the urethra to fully heal.

You will normally be reviewed 1–2 weeks post-operation. An X-ray may be performed to ensure the urethra is healed and the catheter can be removed. The staff will then monitor your voiding to ensure you are able to empty your bladder well.

RECOVERY: In the early postoperative period, you should avoid excessive pressure placed on the repair (lifting, straining, coughing, constipation) and take care to avoid any tension on the catheter. This is especially true in the first few weeks. Otherwise during this time, you can perform most of your normal activities however you should avoid sexual activity for six weeks. Regular paracetamol (up to eight a day) or anti-inflammatory medication such as ibuprofen can be used for pain relief. Further pain-relief options will be available from your doctor. You can return to work at 1–3 weeks, depending upon the amount of strain placed upon your repair at work and this should be discussed with your doctor. If you develop urinary burning, frequency or urgency or redness or inflammation of the wound you should see your local doctor.

This statement has been developed by the Urogynaecological Society of Australasia (UGSA).