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Risk Factors Analysis for Postoperative Infection of Male Posterior Urethral Stricture with Pelvic Fracture

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Basic information of 261 patients

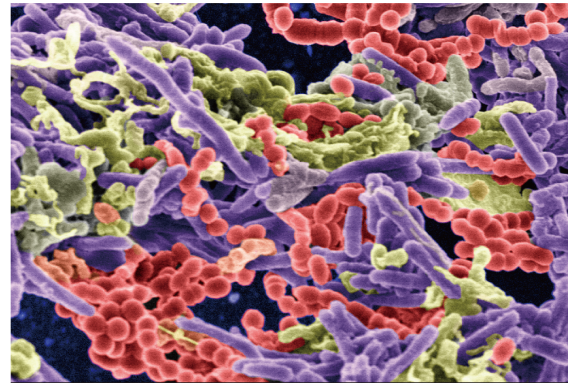
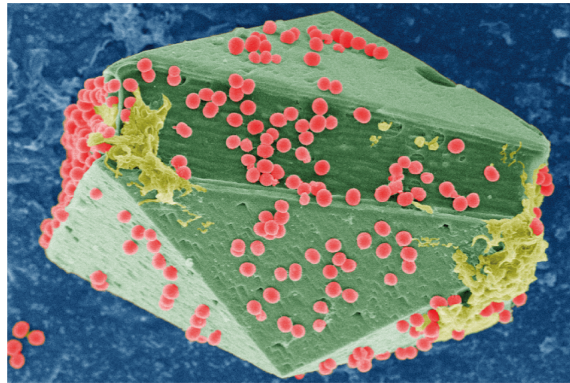
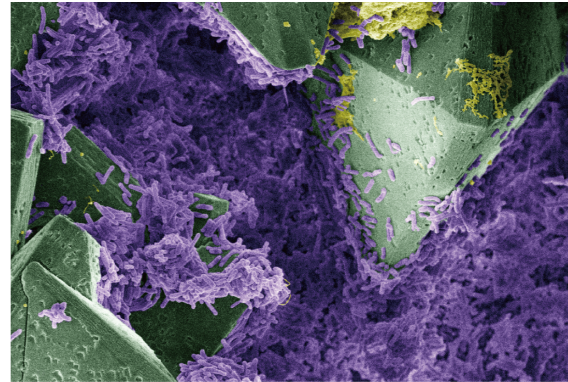
Average age	40.1	No. Positive urine culture result (%)	40	(15.3)
Average cm stricture length	3.7	No. Surgical procedures (%)		
Median months surgical wait time (IQR)	4 (3,6)	Simple perineal anastomosis	58	(22.2)
Average hours of operating duration	2.2	Incision of the penile septum	151	(57.8)
Average ml bleeding amount	134.1	Inferior pubic resection	52	(20.0)
No. Pts with calculus (%)	100 (38.3)	No. Draining method (%)		
No. Pts with SIRS (%)	43 (16.5)	Penrose drainage	93	(35.6)
No. Pts with sepsis (%)	10 (3.8)	Jackson-Pratt drainage	168	(64.4)
No. Pts with SSI (%)	21 (8.0)			

Positive results of multivariate analysis

Categories	OR	95 % CI	<i>p</i> value
SIRS			
Surgical procedures	4.57	2.39-8.72	0.000
Urine culture result	5.20	2.19-12.33	0.000
Sepsis			
Urine culture result	5.45	1.46-20.34	0.012
SSI			
Urine culture result	4.52	1.73-11.77	0.002



1. The positive preoperative urine culture was the main risk factor for postoperative.
2. The more complicated surgical procedures performed, the patient were more likely to suffer postoperative SIRS.



**SEM images of
Bacterial biofilm
and calculus on the
surface of catheter.**

Suggestions

1. Sensitive antibiotics should be used for the treatment of patients with positive urine culture result.
2. All the patients should get two negative urinary culture results continuously before urethroplasty.