

5-Year Longitudinal Outcomes After Anterior Urethroplasty: Clinical Validation of the LSE Classification System

Justin Drobish¹, Shawn Grove², Benjamin Breyer³, Joshua Broghammer⁴, Sean Elliot², Alex Vanni⁵, Lee Zhao⁶, and Bradley Erickson¹



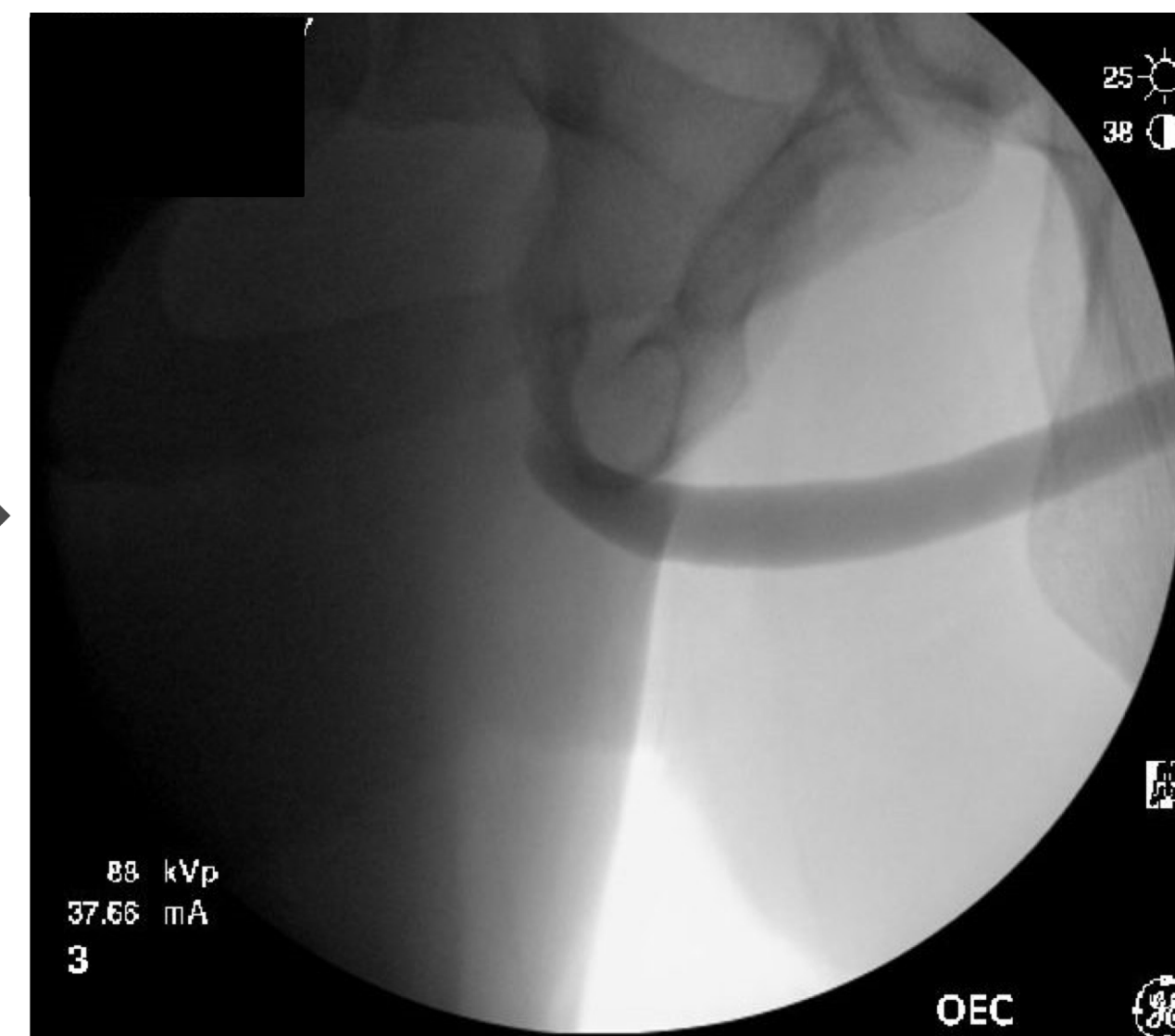
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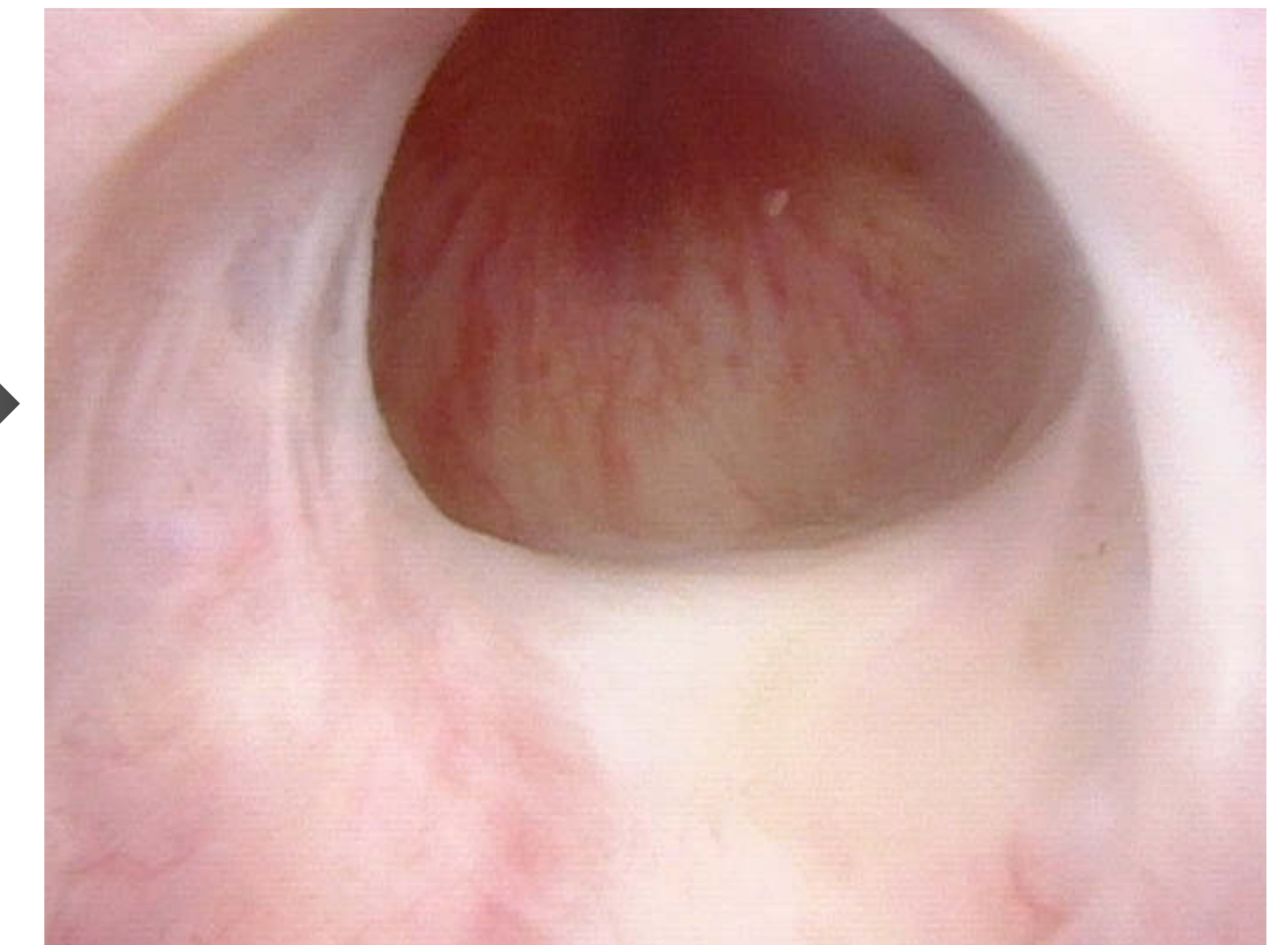
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3 weeks
Urethroplasty



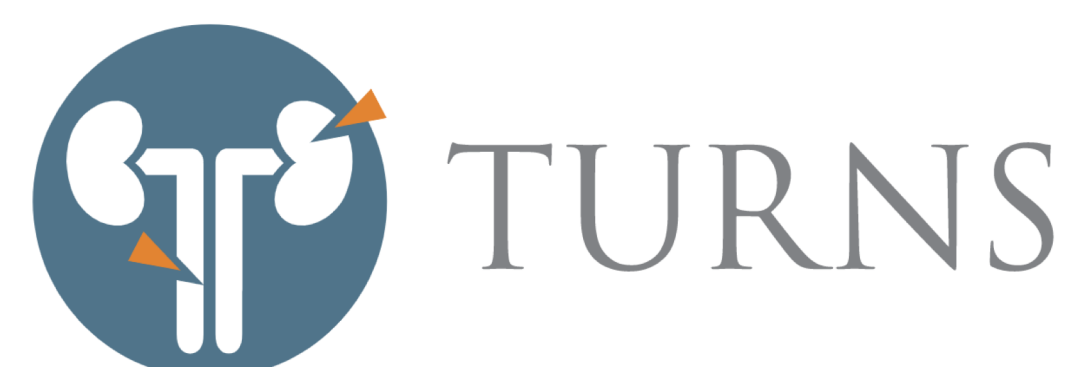
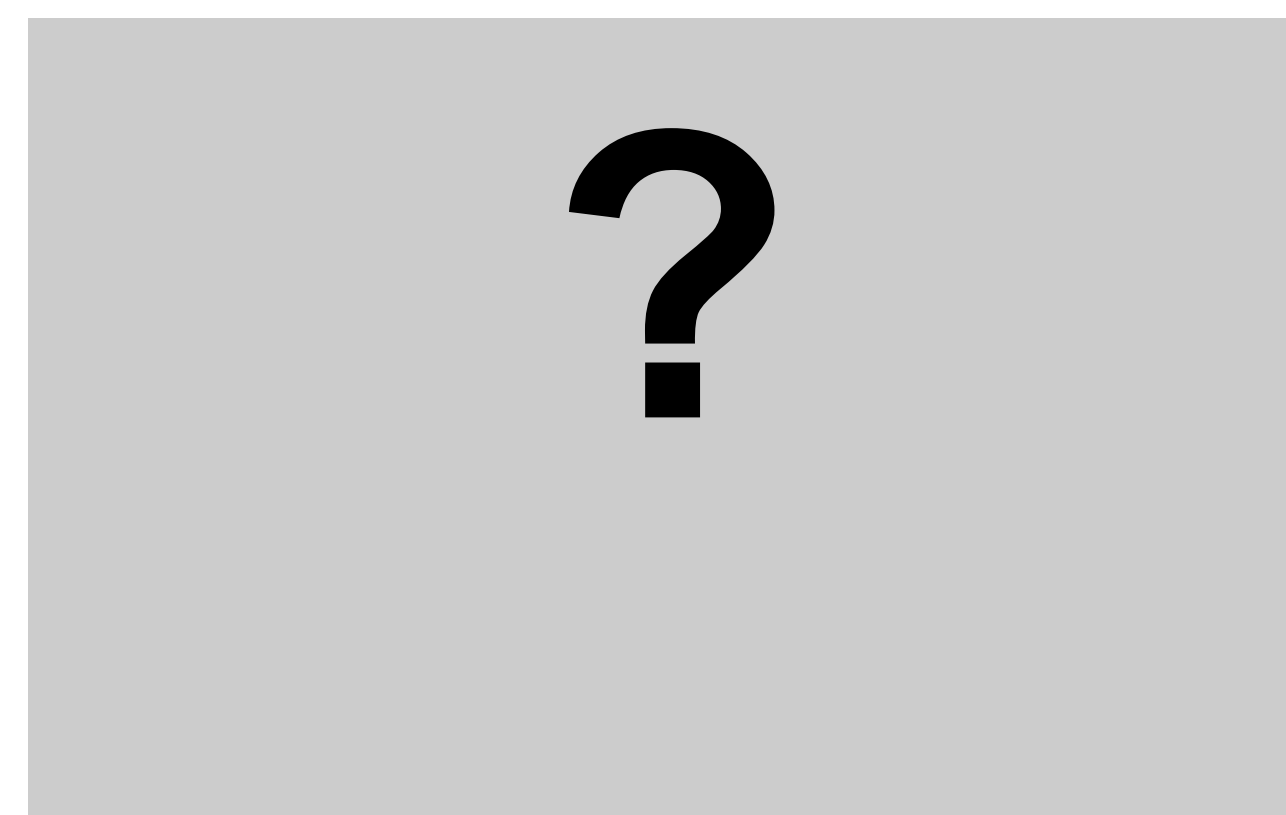
4 months
Cystoscopy



5 years
Follow-up

OR

- **Recurrence**
- **ED**
- **LUTS**
- **Pain**



Objectives

- To evaluate long-term outcomes of urethroplasties based on the LSE sub-classifications.

Methods

- Retrospective review of 1498 patients with urethroplasty
- Longitudinal analysis over 5 years
- Primary outcome: Functional success
- Secondary Outcome: LUTS, ED, Pain

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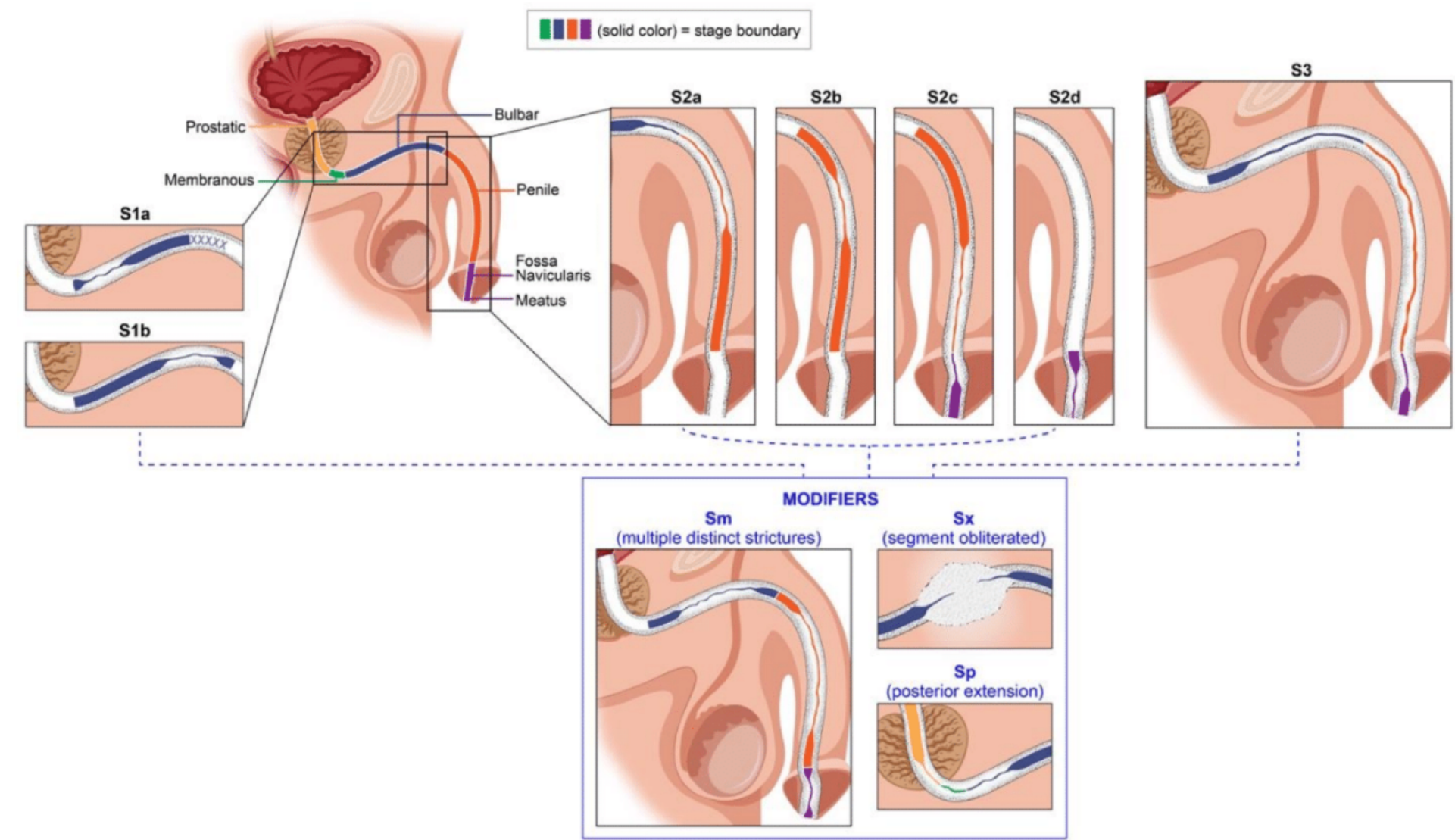
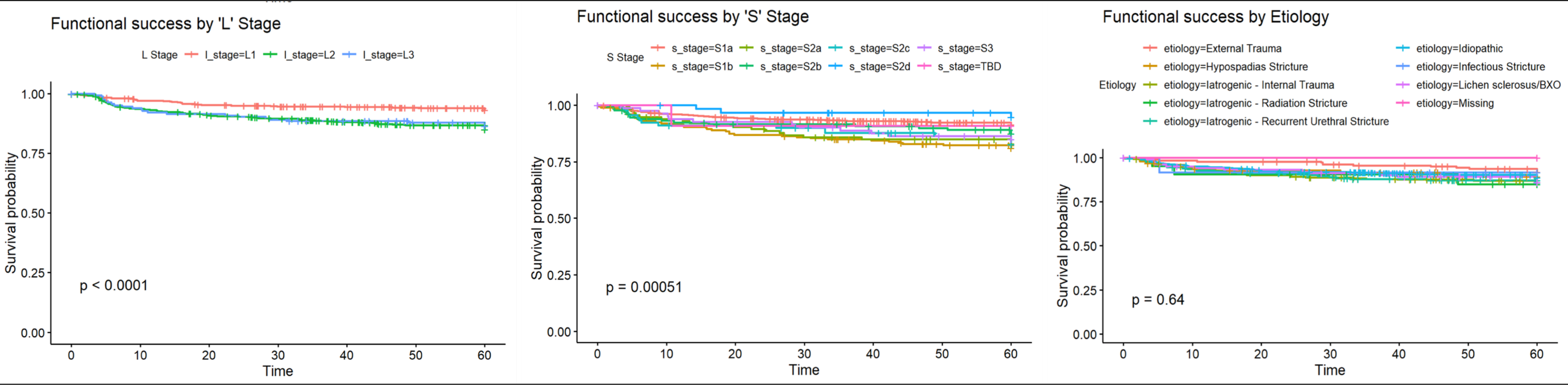


Table 1. Patient characteristics and outcomes by (S) classification

	S1a	S1b	S2a	S2b	S2c	S2d	S3	P
Functional success, n (%)								
Success	733 (92)	162 (81)	96 (83)	115 (88)	76 (84)	62 (95)	74 (86)	
Failure	67 (8)	37 (19)	19 (17)	16 (12)	15 (16)	3 (5)	12 (14)	0.0005
LUTS, n (%)	115 (14)	48 (24)	34 (30)	25 (19)	20 (22)	19 (29)	14 (16)	0.0005
ED, n (%)	49 (6)	16 (8)	15 (13)	13 (10)	6 (7)	4 (6)	4 (5)	0.179
Perineal Pain, n (%)	6 (1)	1 (1)	1 (1)	0 (0)	0 (0)	0 (0)	1 (1)	0.892

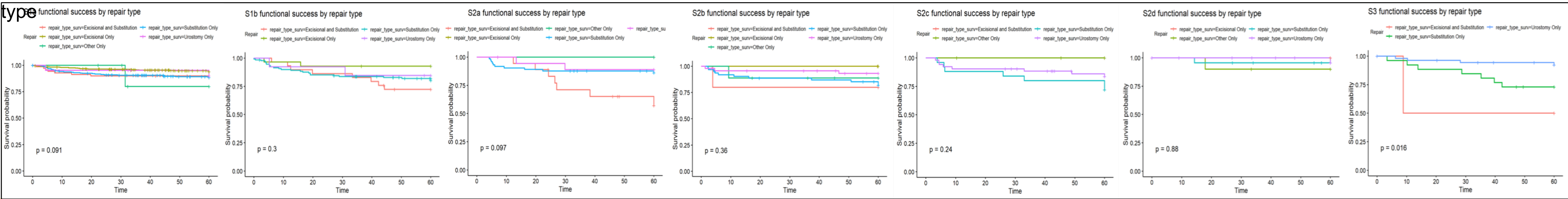
Figure 1. Kaplan Meier Curves based on (L), (S), and (E) sub-classifications



Conclusions

- Surgical outcomes were found to be significant different when stratifying by segment (S) and length (L)
- Within (S) sub-classifications, longitudinal surgical outcomes varied by repair type (none reaching statistical significance)

Figure 2. Kaplan Meier Curves of (S) sub-classifications by urethroplasty



Future Studies

- Further risk stratification by length and other patient factors
- Continued analysis with increased case volume