

Reference

1. Eisenberg ML, Elliott SP, McAninch JW: Management of restenosis after urethral stent placement. *J Urol.* 2008; 179: 991-5.

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Direct Vision Balloon Dilation for the Management of Urethral Strictures

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Abstract Urethral strictures are often initially managed with dilation using sequential metal sounds or filiform and follower dilators. While these techniques often successfully achieve at least a temporary increase to the caliber of the area of stricture, they are performed without visual guidance, and complications can include false passage and urethral perforation. We describe the first use of balloon dilator that allows the safe, controlled, and gentle and dilation of urethral strictures under direct vision.

Editorial Comment

Balloon dilation of strictures may be preferable to dilation with sounds or filiforms and followers in those balloons allow radial dilation which avoids the shearing force of passing successively larger dilators. The authors describe the technique and equipment they have developed that allows for direct vision balloon dilation of urethral strictures. A 30F balloon dilator was developed that fits through a 21F rigid cystoscope. Other 30F balloons such as those used for renal tract dilation do not fit through a cystoscope; however, these older models can still be inflated under direct vision with the following technique. One first places the balloon catheter over a wire then passes a flexible cystoscope alongside the balloon catheter up to the balloon in order to directly observe the dilation.

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