A new instrument for the treatment of difficult strictures of the urethra / by A.G. Miller.

[*With the Author's Compliments.*

11

A NEW INSTRUMENT

FOR THE

REATMENT OF DIFFICULT STRICTURES OF THE URETHRA.

A. G. MILLER, F.R.C.S.E.,

SURGEON TO THE EDINBURGH ROYAL INFIRMARY.

A NEW INSTRUMENT

FOR THE

TREATMENT OF DIFFICULT STRICTURES OF THE URETHRA.

By A. G. MILLER, F.R.C.S.E.,
Surgeon to the Edinburgh Royal Infirmary.

(*Read before the Medico-Chirurgical Society of Edinburgh, 5th July* 1893 ; *and reprinted from the Edinburgh Medical Journal for October* 1893.)

Mr President,—In cases of tight stricture of the urethra the possibility of passing an instrument depends on the nature and construction of the instrument employed, the skill and experience of the operator, and the condition of the patient. The instrument may be flexible or rigid, soft or hard, light or heavy. It may have a short curve or a large sweeping curve. It may be bulbous at the point, or conical, and so on. My experience of over a quarter of a century of hospital work in one capacity or another, from house-surgeon to surgeon, has led me to prefer a rigid heavy instrument, with a somewhat open curve, and a fine probe point, in cases of tight or difficult stricture. Of so-called "impassable" strictures I have had my share, I suppose ; but as the term is really a relative one, I do not like to use it. For what is impassable to one surgeon may not be so to another ; what will not admit one instrument may admit another ; and what cannot be overcome at one time may be at another. I would speak, therefore, merely of difficult and tight strictures.

In difficult cases I have frequently found that a favourite instrument of the late Prof. Spence's passed readily when no other would enter the stricture at all. It was a Syme's staff with a very fine probe point. On more than one occasion, when I had got this instrument into and through a very difficult stricture, complicated by retention of urine, I wished that by pushing the staff on I could dilate the stricture and so get in a good-sized catheter. But this could not be done on account of the shoulder of the staff, which caught abruptly at the entrance to the constriction. Once I seized the opportunity of the staff being *in situ*, got the patient's consent to an operation, performed perineal section

at once, and managed to cure a very bad stricture right away. (The patient, a "cabby," went out with the perineal wound healed in three weeks, and comes up occasionally to the hospital to have a No. 15 passed.) But perineal section is not always advisable. It occurred to me, therefore, that if I got a similar instrument made with a wedge shaft such as Sir Joseph Lister has in his bougies, instead of the abrupt shoulder, I would find it useful. I am glad to be able to state that such an instrument, of which a specimen is before you, has proved very useful in my hands and in those of some of my colleagues.

The instrument may be described as follows:—It is of steel and solid, it has a fine probe point, and begins to enlarge about two inches from the point, when it gradually increases from less than a No. 1 English to No. 12. The curve is gradual or open, being the same as that adopted by the late Mr Syme for his external urethrotomy staff. The handle is flat, and therefore the direction of the point of the instrument can always be known. In fact, it is only a modified Syme's staff. The instrument is guided, never forced. It is almost dropped into the urethra, its weight causing it to pass down quite easily. I have not found it liable to catch in follicles or folds of the mucous membrane, provided it is left pretty much to itself. When an obstruction is met with the bougie should be withdrawn a short distance in the usual manner, and gently passed on again with the point in a slightly different direction. Of course, with such an instrument no force must be employed, or a false passage would be the immediate consequence. But force, or much manipulation either, is not necessary, for when the point of the bougie "takes" the stricture it does so easily, slipping in with a wonderful facility, and I must say I have seldom failed with it.

Once the bougie is fairly in the stricture it should be gently pushed on till the point is well through the stricture (which can be ascertained by the finger in the rectum if necessary), then the wedge is brought into play, the instrument being firmly pushed on, and the stricture dilated enough to let a good-sized bougie or catheter be introduced into the bladder.

I never commence the treatment of a case of retention of urine from stricture with the catheter. I prefer the bougie, (1) because it is safer, the catheter being more liable to convey sepsis to the bladder, (2) because it is easier managed, being probe-pointed, heavier, and more rigid than the catheter. My experience is that by using a bougie first in such cases the employment of a catheter may sometimes be dispensed with: for, as is well known, the dilatation of a stricture removes spasm, and the patient can then make water freely. In my opinion it is quite safe to allow him to do so, provided no blood has been drawn by the use of the bougies.

In recommending this instrument to surgeons for the easier treatment of tight and difficult strictures of the urethra, I claim that it has four advantages or good points.

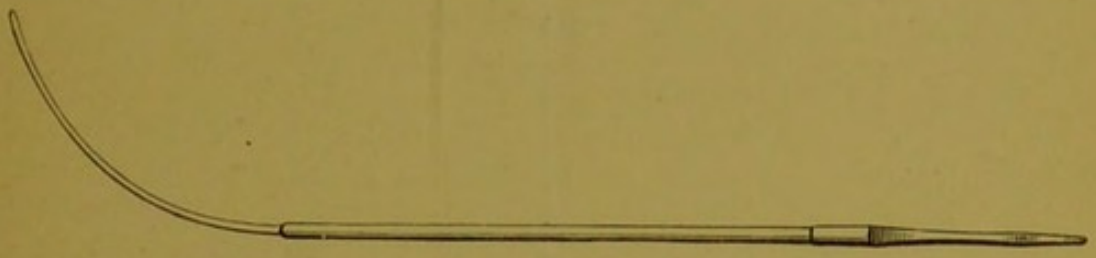
1. It is rigid, and therefore the surgeon can guide it if necessary,

and can always ascertain where its point is by observing the relative position of the other parts of the instrument, and by the finger in the rectum also if necessary (as advocated by Mr Syme).

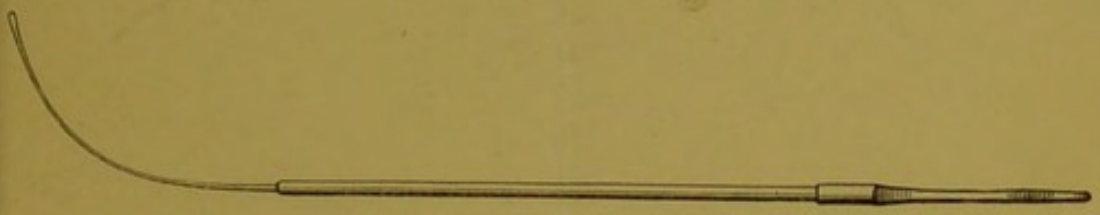
2. It has a fine probe point, which enables it to enter a very small tight stricture (as originally intended by Mr Spence).

3. It is heavy. The weight of the instrument I look upon as a matter of great importance, for it enables the surgeon to dispense with all force. My practice is to permit the instrument to *drop* into the urethra. I have already stated that when it enters the stricture it generally does so *easily*.

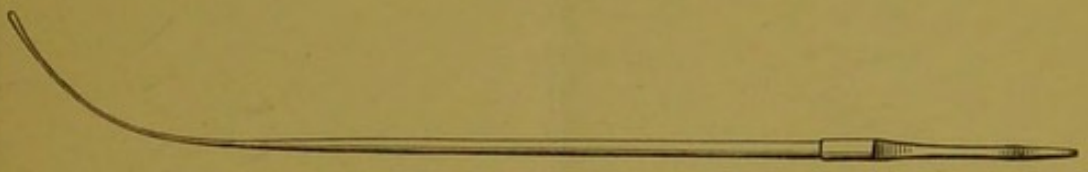
4. It has a powerful wedge on the shaft. The advantage of this is evident. If this instrument enters the stricture and is pushed on gently but firmly (much force is not required), the surgeon may be able to pass a full-sized bougie or catheter immediately after the withdrawal of this pioneer.



No. 1.—Syme's Staff.



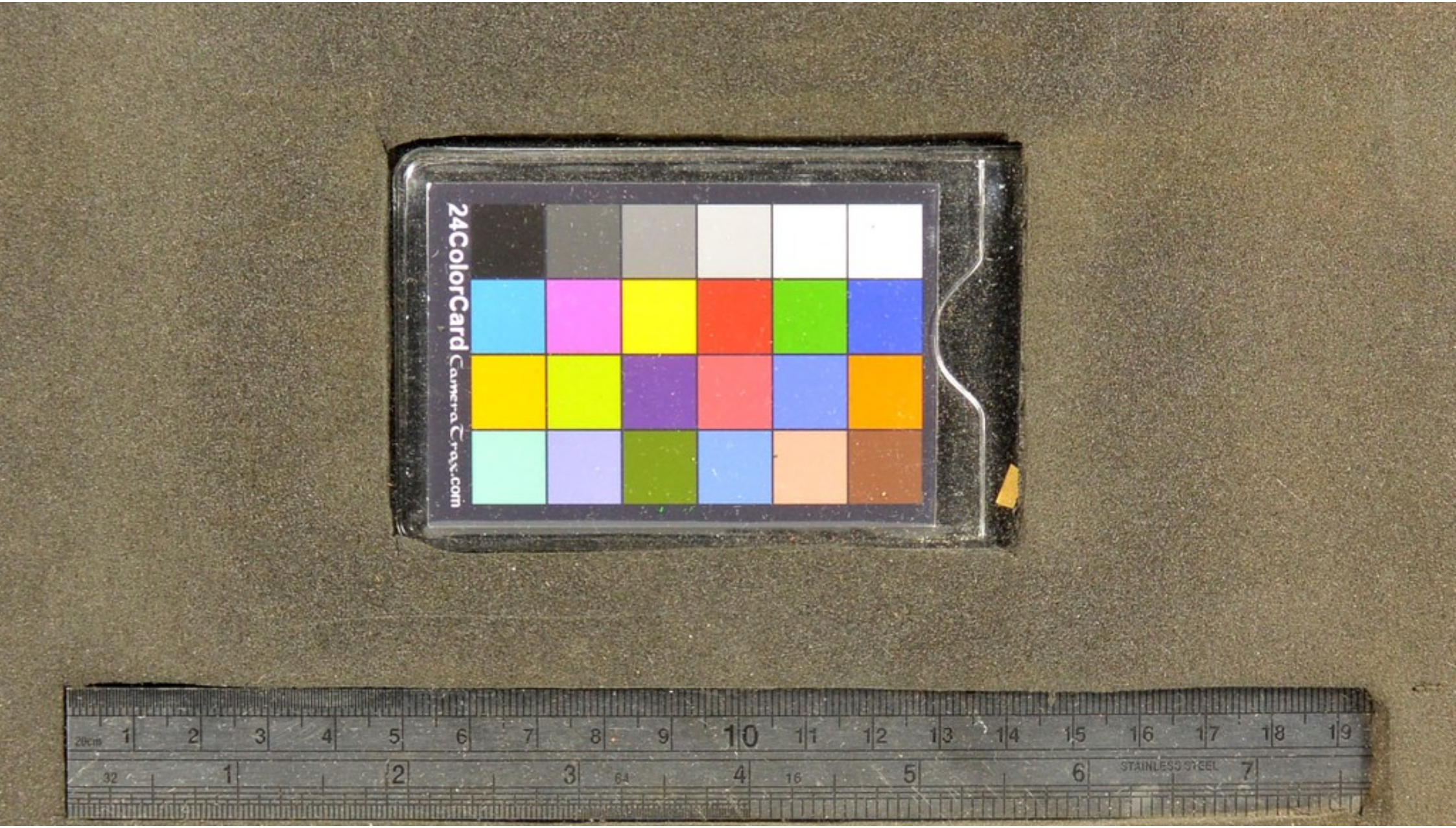
No. 2.—Syme-Spence Staff.



No. 3.—Syme-Spence-Lister Bougie.

It will be evident that there is nothing absolutely original about this instrument. I have only taken Mr Syme's ideal of a rigid instrument, with Mr Spence's addition of a fine probe point, and added to that Sir Joseph Lister's principle of the wedge shaft. I have all the greater confidence in recommending to surgeons this Syme-Spence-Lister bougie.

PRINTED BY OLIVER AND BOYD, EDINBURGH.


24ColorCard CameraCraze.com
20cm
STAINLESS STEEL