



Experience of transurethral seminal vesiculoscopy through ejaculatory duct natural openings

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Introduction

Transurethral seminal vesiculoscopy is an important method to treat of intractable seminal vesiculitis and ejaculatory duct obstruction. But the choice of surgical approach, especially through the natural openings of ejaculatory duct, is a key problem for surgery. We share our own experience for transurethral seminal vesiculoscopy.

Methods

A total of 95 patients underwent transurethral seminal vesiculoscopy, by a single young doctor in our hospital, from March 2016 to August 2017. 36 of them completed the surgery through the natural openings of ejaculatory duct. The semen analysis and MRI for male reproductive system was needed before the surgery. Under intravertebral anesthesia, F4.5/6.5 vesiculoscope was inserted into the urethra. Saline was pumped by infusion pump, and F10 silicone catheter was placed for drainage.

Methods

We inserted the scope into the natural openings of ejaculatory duct visually. Perfusion pressure was lowered after we successfully entered the seminal vesicle. After exploration the seminal vesicle and lithotripsy, if needed, we expanded the ejaculatory duct openings by scope body for at least five minutes. Then we emptied the bladder and removed the catheter. Patients were told masturbate once a day for 3 days, and review the semen analysis on the fifth day after the surgery. We observed semen improvement and complications.

Results

Among all the 36 cases, the improvement rate of oligoasthenozoospermia was 88.2%(30/34). The improvement rate of hemospermia was 87.5%(7/8). Seminal vesicle stones were all cleaned for 6 patients. Postoperative epididymitis in 2 cases, treated by antibiotics. There were no other serious complications.

Summarize our own experience for transurethral seminal vesiculoscopy through the natural openings of ejaculatory duct as follows:

1. The pathway of natural openings of ejaculatory duct should be the first choice, if preoperative semen analysis have sperm, MRI showed no obvious deformity for reproductive system.
2. The ejaculatory duct opening have some variations. We advise to use the pump for infusion, and carefully observe of inside and outside wall of verumontanum vesical to find the natural openings of ejaculatory duct.
3. Familiar with local anatomy is a key point to successful transurethral seminal vesiculoscopy surgery.

Results

4. Control the perfusion pressure after we insert the seminal vesicle to avoid secondary epididymitis. If seminal vesicle has serious infections, or the operation is long, we should prolong the use of antibiotics.
5. Finely operate to avoid a tear of the ejaculatory duct.
6. Remove the catheter at once ,and masturbate once a day for 3 days postoperation.

Conclusion

For appropriate patients, transurethral seminal vesiculoscopy through the natural openings of ejaculatory duct is safe and effective to treat intractable seminal vesiculitis and ejaculatory duct obstruction.

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