The influence of membranous stretched urethral length and urethral circumference on postoperative recovery of continence after radical prostatectomy: A pilot study

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We thank the authors for the beautiful contribution about the magnetic resonance imaging findings about the stretched length of the membranous urethra during radical retropubic prostatectomy (RRP) and its importance on postoperative continence.

We have some concerns about the topic in terms of anatomy of the urethra and the technique during the urethral dissection. In the recent literature, there are very delicate nerve fibres in close contact with the urethra just outside the prostatic apex, especially on the posterior-lateral aspects of the urethra. Also there are links between the dorsal nerve of the penis and the pudendal nerve underneath the symphysis pubis.[1-3]

We believe that during RRP, every effort to make the membranous urethra visible to measure it or to see that it is long enough for a sustainable continence mechanism is useless and may deteriorate the postoperative continence mechanism. The effort to dissect and show that there is a long enough urethra for a sufficient anastomosis will not make the actual urethra longer or the patient more continent. Dissection will only cut the blood supply and its innervation without harming the cavernous nerves and creating a non-functioning organ.

We believe it is better to cut the urethra just as it emerges from the prostatic apex or if possible, with some dissection into the prostatic apex, without any distal dissection not to damage any supporting tissue, nerves or vascular structures. This will provide the patient with a better anastomosis and continence mechanism.

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