

# Advocating for patients with urinary retention and lower urinary tract obstruction regardless of etiology

“Establishing maximal wait times for urologic surgery in Canada in 2024”  
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We read with interest and some concern the recent *CUAJ* publication by Razvi et al.<sup>1</sup> This Canadian Urological Association (CUA) document aimed to “create a consensus opinion on acceptable urologic surgery wait times” in Canada by engaging “content experts within the organization and its subspecialty affiliates.”

In this document, an acceptable wait time of 24 weeks was recommended for urethroplasty, which raises concern among Canadian experts in this field. Urethroplasty is universally recommended as the preferred and most efficacious treatment for recurrent urethral stricture.<sup>2</sup> While many patients undergo urethroplasty to improve their diminished quality of life with lower urinary tract obstruction, approximately 30–40% of patients will experience emergent or life-threatening complications directly related to urethral stricture.<sup>3,4</sup> These complications include acute urinary retention, complicated urinary tract infection, difficult

catheterization, iatrogenic urethral injury, renal failure, periurethral abscess, and Fournier's gangrene.<sup>4</sup>

In the manuscript methodology, Razvi et al broadly state that “High-level evidence was not available to guide this work.” With respect to urethroplasty, there is well-established evidence examining the incidence and predictors of complications in patients awaiting urethroplasty.<sup>5</sup> A Canadian study identified that approximately 16% of patients experience significant complications while awaiting urethroplasty, with a mean time to onset of 43 days. Most importantly, urinary retention with associated catheter dependence increased the likelihood of complications five-fold, with 72% of patients experiencing significant stricture-related complications by the CUA-recommended 24-week time period.

Interestingly, when examining transurethral resection of the prostate (TURP)/laser prostatectomy as an analogous population of patients requiring surgery for lower urinary tract obstruction, a readily identifiable discrepancy arises. In this scenario, patients awaiting surgery “for urinary retention” due to benign prostatic hyperplasia were provided a recommended maximum wait time of eight weeks as opposed to 24 weeks for those awaiting elective surgery. It is not clear why a urinary retention distinction was not provided for urethroplasty, especially when considering the published evidence. It is also uncertain to what degree expert opinion was solicited. While the “Functional and Reconstructive Urological Society of Canada (FRUSC) was asked to provide guidance on optimal wait times for several reconstructive procedures,” the urethroplasty wait time request was not distributed to Canadian urethroplasty experts, including the authors of the CUA guideline on urethral stricture.

The overall endeavor to establish maximum wait times for urologic surgery is noble; however, with respect to urethroplasty, published evidence was not considered and expert “consensus opinion in the Canadian context” was not achieved. Meaningful

consultation with experts in this field would have provided the recommendation of a “for urinary retention” subclassification for urethroplasty. As an unintended consequence, this document will adversely impact this catheter-dependent group of patients, which is typically 15–20% of patients awaiting urethroplasty in Canada.

With published evidence and expert opinion considered, the CUA should revise the acceptable wait times for urethroplasty to include an eight-week subclassification for those patients with urinary retention in a similar manner to patients awaiting TURP/laser prostatectomy.

## REFERENCES

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