

## What's Up in Urology Journal, Spring 2011?

*Urol J. 2011;8:168.*  
*www.uj.unrc.ir*

*Urology for People* is a section in the *Urology Journal* for providing people with a summary of what is published in this journal and describing urological entities in a simple language.

**Important Note.** The findings in medical papers are usually not directly applicable in clinical practice and patients should consult their physicians before any utilization of the results of medical studies.

### URETHRAL STRICTURE

The urethra is a conduit that allows urine to leave the bladder. In men, the urethra is a thin tube-like structure that starts from the bladder neck and traverses the entire length of the penis. Urethral stricture is a narrowing of the urethra caused by injuries or diseases such as urinary tract infections or sexually transmitted diseases. Any instrument inserted into the urethra (such as a catheter) can also cause urethral stricture. Any section of the urethra may be affected. During the early phase of the condition, the patient may experience pain during urination and the inability to fully empty the bladder. It is not uncommon for the bladder's capacity to significantly increase due to this inability to completely void. However, the following symptoms may occur, which are likely to worsen with time: spraying of urine or a 'double stream' and dribbling of urine for a while after going to the toilet to pass urine. A look into the urethra by a special thin urethroscope will be needed to assess the stricture. There are various treatment options which aim to widen the narrowed section of the urethra. The urethra may be widened (dilated) during cystoscopy by inserting a thin instrument to stretch the urethra while you are under local anesthesia. You may be able to treat your stricture by learning to dilate the urethra at home (self intermittent catheterization).

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### RENAL COLIC

Renal colic is a common condition in which a

person experiences severe pain due to a kidney stone. The pain typically begins in the loin region and often radiates to the hypochondrium or the groin. The pain is often colicky (comes in waves), but may be constant. Acute renal colic is often described as one of the strongest pain sensations felt by humans (being worse than childbirth, gunshot wounds, broken bones, burns, or stab wound). This severe pain usually accompanies with nausea and vomiting. The chance of kidney stone formation is most eminent when there is a richly concentration of dissolved substances in the urine. Poor consumption of fluid increases the chance of developing kidney stones. If you are having a renal colic, it is best to seek always professional medical advice about any treatment or change in treatment plans. Fortunately, surgery is not always necessary. Most kidney stones (usually smaller than 5 mm) can pass through the urinary system with plenty of water (2 to 3 quarts a day) to help move the stone along. Often, it is very important during this process to drink fluids and take pain medication as needed.

Recommendations for prevention: Maintain fluid intake > 2.5 liters per day, ingest 8 to 12 ounces fluid at bedtime, maintain urine volume > 2 liters per day, and periodically measure urine output in a 2-liter bottle.

Restrictions: Limit animal protein to 8 ounces per day, limit sodium intake to 2 grams per day, limit oxalate containing foods and beverages, such as cola, avoid excessive vitamin C, and increase dietary cereal fiber.

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