

# SURGICAL TREATMENT

## URETHRAL DIVERTICULUM

### *A BRIEF OVERVIEW FOR PATIENT REFERENCE*

---

#### WHAT IS A URETHRAL DIVERTICULUM?

A urethral diverticulum is a pouch or sac of inflamed tissue that protrudes from the urethra into the adjacent urethrovaginal tissue. It is often seen or felt as a mass or lump on the anterior vaginal wall under the urethra. It is postulated that the diverticulum may originate from a dilated periurethral duct or gland. The gland can become infected and obstructed and later rupture back into the

urethra through a different tract. Most diverticula form in the distal 1/3 of the urethra, closest to the opening.

Please see the [Conditions](#) section for more information on [Urethral Diverticulum](#).

---

#### SURGICAL REPAIR OF A URETHRAL DIVERTICULUM

The primary method to treat urethral diverticulum is surgical excision. This is a procedure that should only be performed by those trained in diverticulectomy secondary to the fine dissection skills required to successfully remove the sac without causing adjacent injury. Our practice is experienced in not only vaginal anatomy and dissection, but also specifically the removal of urethral diverticulum.

During the surgical procedure, to isolate the diverticulum from the urethra, the anterior vaginal wall must be opened and the borders of the sac visualized. In some cases, the diverticulum will be connected through an opening into the urethra. In these cases, this defect in the urethra will also require closure. Once the sac is excised, the vaginal wall is closed.

---

#### POST-OPERATIVE DETAILS OF A URETHRAL DIVERTICULECTOMY

Following surgery, the patient will have a transurethral catheter for about one week. This is necessary to allow voiding because the tissues around the urethra may be swollen or edematous from surgery. It also acts as a “stent” during healing. Typically patients will also have vaginal packing to restrict movement of the repair for the first week.

Recurrence rates in experienced vaginal surgeons are extremely low with up to 100% success and resolution of symptoms.

---

*NOTE: This education content is for informational purposes only and not a substitute for professional medical advice, diagnosis, or treatment.*

*Always seek the advice of your physician or other qualified health provider if you have questions or concerns. If you are interested in a consultation with Dr. Veronikis or Dr. Wood, please call for an appointment to address your specific needs.*