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INVITED EDITORIAL

Male Health

Introduction to the 12th Genitourinary Reconstructive Surgeons (GURS)-Masterclass special issue

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In this special issue of the *Asian Journal of Andrology*, speakers of the 12th Genitourinary Reconstructive Surgeons (GURS)-Masterclass in London have written up the topic of their lecture for deeper insights and understanding and to allow a wider audience to participate in the debates.

In urethral stricture surgery, a wide range of surgical techniques have been developed to address varying degrees of scarring within the urethra. Diverse etiologies cause urethral stricture formation ranging from failed childhood hypospadias surgery to traumatic obliteration of an entire urethral segment; yet, the exact mechanisms underpinning the pathogenesis of the most common “idiopathic” bulbar stricture are incompletely understood.

Most adult urologists have faint recollecting of the embryological development of the genitourinary tract, let alone the development of congenital malformations. In a most eminent review, Thomas¹ gives a wonderful account of the contemporary understanding of the development of the genitourinary tract and the development of congenital malformations.

Bugeja *et al.*² explore the pathophysiology of Cowper’s gland in the development of syringoceles leading to perineal symptoms and bulbar strictures.

In an interesting prospective study, Campos-Juanatey *et al.*³ describe the trend in penile urethral reconstruction toward a one-stage graft augmentation urethroplasty technique in favor of the traditional classical “staged” approach, which particularly applies to distal lichen sclerosis strictures with the aim of preserving the architecture of the urethra whenever

possible. The authors eloquently discuss the finer detail in decision-making and show that with good case selection and careful intraoperative assessment, good results can be obtained.

Wang and Man⁴ deliver a nice review on the incidence and treatment of instrumentation-related urethral strictures, with an important reminder that prevention is better than cure!

Postradical prostatectomy complications such as sphincter weakness-related incontinence or contracture of the anastomosis with bladder outlet obstruction pose a complex dilemma for reconstructive urologists. Robotic-assisted radical prostatectomy is fast replacing open surgical technique and the robotic approach is increasingly used for reconstruction.

Obrecht *et al.*⁵ present their 1-year functional outcome of robot-assisted radical cystectomy and intracorporeal orthotopic neobladder after radical cystectomy for bladder cancer and illustrate the surgical steps to create a modified Studer orthotopic neobladder.

Eden⁶ explains why retzius-sparing robotic radical prostatectomy has become his preferred approach highlighting in detail its advantages for the patient and potential disadvantages and pitfalls for the surgeon.

Bugeja *et al.*⁷ demonstrate nicely that radiological landmarks change after radical prostatectomy. This appreciation is crucial in order to interpret preoperative imaging correctly and not under- or overestimate the length of bladder neck contracture with potential significant consequences for lower urinary tract reconstruction.

Finally, Carson’s⁸ must-read distinguished review on the surgical treatment options for postprostatectomy incontinence provides the reader with the historical context of various medical device developments leading to the gold-standard treatment for significant incontinence in form of the artificial urinary sphincter and gives fascinating insights into

possible future electronic artificial urinary sphincter improvements.

Taken together, the content of this special issue highlights the wide spectrum of reconstructive urology and illustrates the fast-developing field of reconstructive urological surgery. I thank the eminent speakers of the 12th GURS-Masterclass in London and their teams who agreed to contribute to the production of this special issue.

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