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**Urethral Stricture in Female**

**Abstract**

We report a female, 18 years old, who was stricken down by a tree and subsequently brought to the emergency room in Dr Soetomo Hospital in September 1997. She was diagnosed with total bladder rupture, urethral rupture, unstable pelvic (caused by four rami pubic fracture, sacroiliac disruption), left ovarian rupture, total vaginal rupture, partial rectal rupture and she underwent several operating procedures. Five years later, she visited Urology Outpatient clinics and was diagnosed with total urethral stricture, the cystostomy catheter was still fixed into her bladder. She subsequently underwent ymphisiotomy and urethroplasty. After 10 days post operation, the patient was discharged from the hospital with the urethral catheter maintained until 1.5 months and the cystostomy catheter was replaced with a new one every 2 weeks. Three months after urethroplasty the patient has been able to void spontaneously. Residual urine examination showed no residual, so that the catheter was removed. Independent catheterization is still done with tapering dose to once a week for about 6 months after urethroplasty, Uroflowmetry was examined with the results as follows: maximum flow rate 14.1 ml/s, average flow rate 5.6 ml/s, voided volume 169 ml, flow time 30 s, voiding time 52 s, time to max. flow 11.1 s, acceleration 1.3 ml/s, and hesitancy 3.7 s.

**Keyword**: urethral, stricture, urethroplasty,

**Daftar Pustaka**