

I was 24 years old when I began having trouble urinating. It happened so slowly and gradually that I scarcely noticed. I had unconsciously begun straining to urinate, and when that stopped working, began sitting down on the toilet to increase pressure on my bladder. I gradually realized something was wrong, but tried to ignore the problem. I had no idea that a small ring of scar tissue was slowly growing deep within my body, blocking more and more of my urethra until only a tiny, pin-prick opening remained.

One Saturday morning I woke up with a hangover and stumbled to the bathroom, my bladder full of last night's beer. I sat down to urinate, and the flow would not come. I leaned forward and strained, and a powerful stream of urine ripped through the stricture painfully. Blood splattered the toilet bowl and I cried out in fear and pain. Something was seriously wrong.

When I first visited the doctor, I received many incorrect diagnoses, including fungal infections, kidney stones, STIs, and even bladder cancer. I drank water and cranberry juice, swallowed antibiotics, and even urinated through a coffee strainer, but it was all pointless— there was no bacterial infection, and no debris or stones in my urine. Finally, I received a urethroscopic exam and my urethral stricture was visually diagnosed. I was terrified; I had researched the condition online and knew how difficult it was to treat.

While my first doctor was a prominent urologist and very well-intentioned, he did not specialize in this particular disease. He performed a urethrotomy, a procedure in which the stricture is carefully cut with a tiny blade. For a short time after the surgery, life returned to normal... and then the stricture returned.

Over the next few years, I returned for repeated urethrotomies, knowing that each procedure lessened my chances of permanent curation. I would be admitted into the hospital, endure another surgery, suffer through two weeks of catheters and discomfort, and finally return home with a healthy urinary stream. My happiness was short-lived, however. Each time, the stricture returned.

I implored the doctor for alternative treatments, but he could only rub his forehead tiredly and shrug in resignation. After each urethrotomy failed in quick succession, the surgeon produced a final, desperate plan. He would perform a urethroplasty, removing the strictured segment of the urethra, leaving a stoma-like opening in the affected area, and after two months, replacing the missing urethral tissue with a graft of skin from elsewhere in the body. It was his hope that this surgery would remove the stricture once and for all.

The surgery failed, and the stricture returned. Worse, the surgeon chose to use testicular skin for the graft, which left wiry black hairs growing in my urethra. Knowing that many surgeons preferred the soft, pink tissue of the patient's inner cheek, I was puzzled and frustrated by his choice.

Unfortunately, this brief overview cannot convey the depth of hopelessness that accompanies a diagnosis of urethral stricture disease. As surgery after surgery failed and my chances of a permanent cure shrunk, I became severely depressed. To spend the rest of my life suffering from this disease was a terrifying prospect— particularly for a man in his twenties. The limited amount of information about the disease was frustrating, as was the inability of modern medical science to effectively cure a condition that has plagued human beings for thousands of years.

On my final visit to that surgeon, he told me that further surgeries would be pointless— the stricture would undoubtedly return, probably even quicker than before. He gave me two choices for lifelong management of my disease. Either I could have thin metal rods inserted into my penis once a month, temporarily stretching the stricture open, or I could have a twisted metal coil implanted in my urethra, holding the area open through mechanical force. Both options were painful, prone to complications, and I would be visiting hospitals routinely for the rest of my life.

As I wrestled with this terrible choice, I was introduced to Dr. Horiguchi. I was told he specialized in urethral complications, and that he was one of the few doctors in Japan dedicated to understanding and treating this disease. Having suffered so many failed surgeries already, I was extremely skeptical. A single meeting with Dr. Horiguchi, however, gave me hope. He was extremely knowledgeable about the disease, symptoms, and treatment. He asked me to complete a customized questionnaire, with questions designed to help gauge the severity of the stricture. He asked sharp, specific questions that illustrated a depth of experience with similarly afflicted patients. I decided to hear out his plan.

The surgery he proposed was an end-to-end anastomosis, in which the strictured portion of the urethra is excised and the two healthy ends are reattached. It wasn't suitable for every patient, and the potential side effects (particularly a chance of temporary erectile dysfunction) were more severe than prior surgeries, so I thought carefully before agreeing. Ultimately, Dr. Horiguchi convinced me. He listened to my concerns patiently, answered my questions in an informative and forthcoming manner, and gave me a clear, professional overview of my medical situation. Most of all, I was convinced by his confidence. While he couldn't make any promises, Dr. Horiguchi was fully confident that the surgery would be successful, that side effects would be minimal, and even offered the possibility of permanent curation. Roughly 5 years after the first symptoms of urethral stricture disease appeared, I decided to give surgical treatment one final shot.

This procedure was similar to the many I had experienced in the past, but with a few differences. The nurses and staff under Dr. Horiguchi were extremely zealous about hygiene, going to extreme measures to avoid infection or inflammation of the surgical site. Check-ups were more frequent, and I was required to be immobilized and wearing a catheter for longer than in past surgeries. It was frustrating— I couldn't wait to return to

normal life, even just to walk around outside— but I understood the hospital staff's aim to minimize trauma to the urethra as much as possible.

It is now half a year since the surgery. For the most part, life has returned to how it was before this disease. Post-surgical side effects were minimal, and my quality of life has been improved dramatically. There is always the possibility that the stricture will recur again— I underwent so many failed surgeries in the past— but right now, everything is back to normal. Every time I use the toilet, I am grateful for the healthy, natural flow and each time, I silently pray that it remains that way for years to come.

As I look to the future, I fear cases of urethral stricture may become more common. Antibiotic-resistant bacteria and aggressive new strains of sexually transmitted infections could cause others to suffer urethral trauma and eventually stricture formation. I can envision future doctors eliminating urethral strictures by 3D-printing entire new urethras from the patient's own stem cells, but that is decades away. Until that time, it is clear that surgical treatment from a qualified, experienced specialist is a patient's best hope for relief.