

Background

- Urethroplasty is the gold-standard treatment for urethral stricture disease (USD), yet **specialist access is unevenly distributed**, especially across the rural Southeast.
- Patients in underserved regions frequently receive **repetitive endoscopic procedures** (e.g., dilation, DVIU) rather than definitive reconstruction—raising cost and complication risk.
- The **Southeastern U.S.** has **fewer reconstructive urologists per capita** than any other region, reflecting a workforce gap that directly affects patient access.
- In 2023, the University of South Alabama launched a **fellowship-trained reconstructive urology program**—one of few in the Gulf Coast region—providing an opportunity to assess how workforce investment changes access to care.

Objective

To evaluate the **early impact of launching a reconstructive urology program** in a previously underserved region, focusing on **workforce distribution, access expansion, and policy implications** for equitable surgical care.

Methods

- Retrospective review of **44 urethroplasty cases** performed between **December 2023 – May 2025** by a single reconstructive urologist.
- Data collected: demographics, payer mix, operative details, and short-term outcomes.
- Policy analysis focused on **access metrics** (case volume growth, follow-up adherence, public-payer representation) and **system impact** compared with pre-program baseline (0 regional urethroplasties).

Results

Cohort Summary Metrics

Metric	Value
Total Surgeries Performed	44 total
Mean Age (range)	55 (16-84)
Race	69% White, 31% Black/Hispanic
Insurance	64% Public, 36% Private
Mean Stricture Length (cm)	3.6 (0.3-12)
Mean Operative Time (min)	134 (2-293)
Median LOS	1 day
Mean Foley Duration (days)	24 days
Buccal Mucosal Graft Utilization	34%
Successful Outcome	86%
Stricture Recurrence Rate	7%
Follow-up Rate	98%

Table 1: Cohort summary of urethroplasty procedures performed December 2023- May 2025

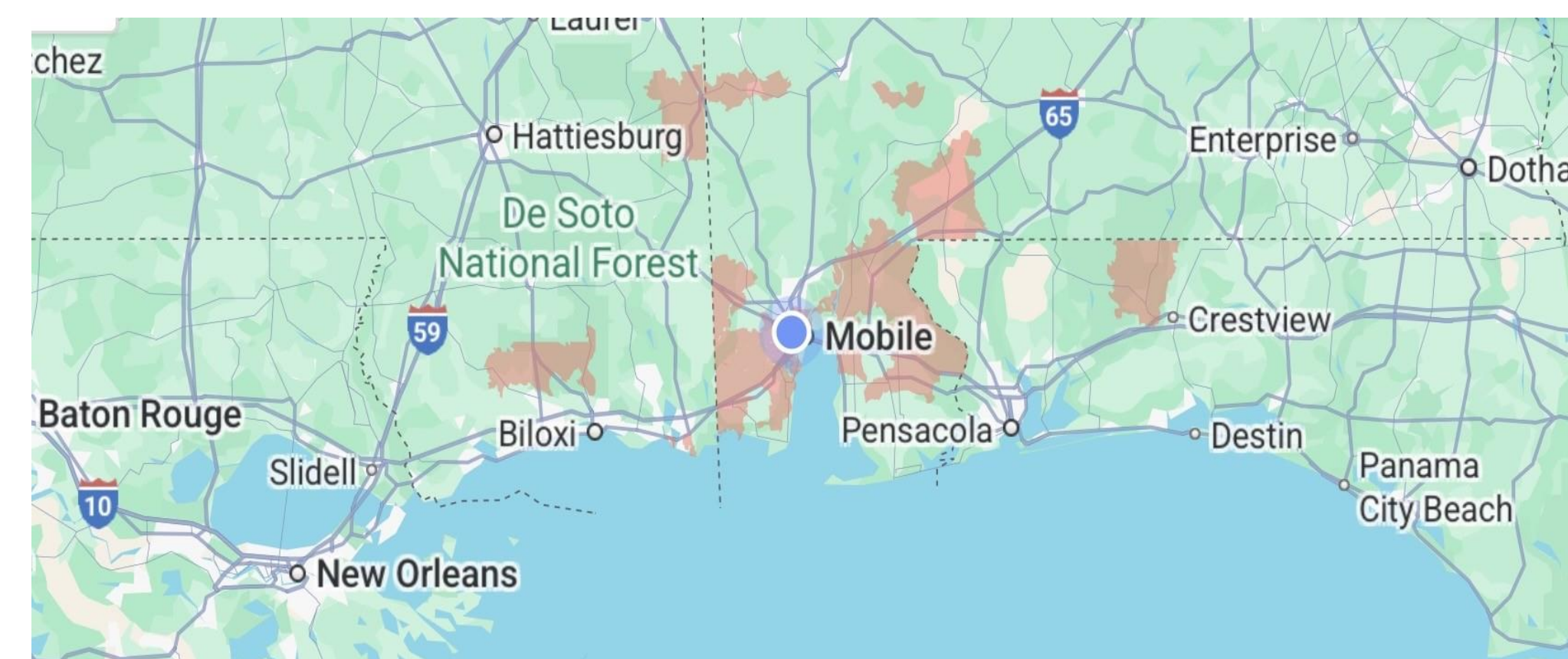


Figure 2: Mapped geographic outreach from urethroplasties performed December 2023 – May 2025

Key Outcomes vs. Published Benchmarks

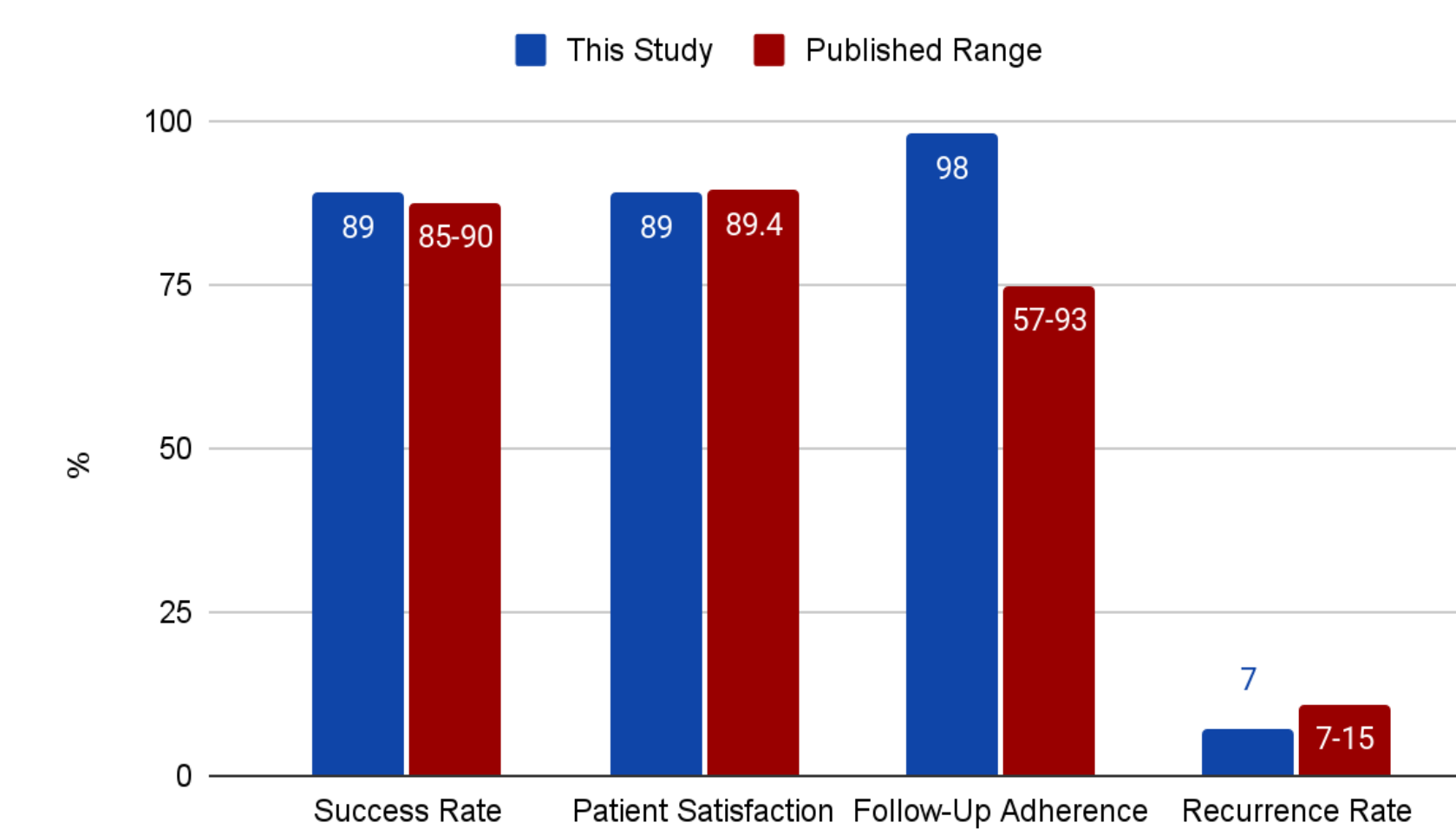


Figure 1: Comparison of key outcomes in this study to similar studies in the literature

Monthly and Cumulative Urethroplasty Volume

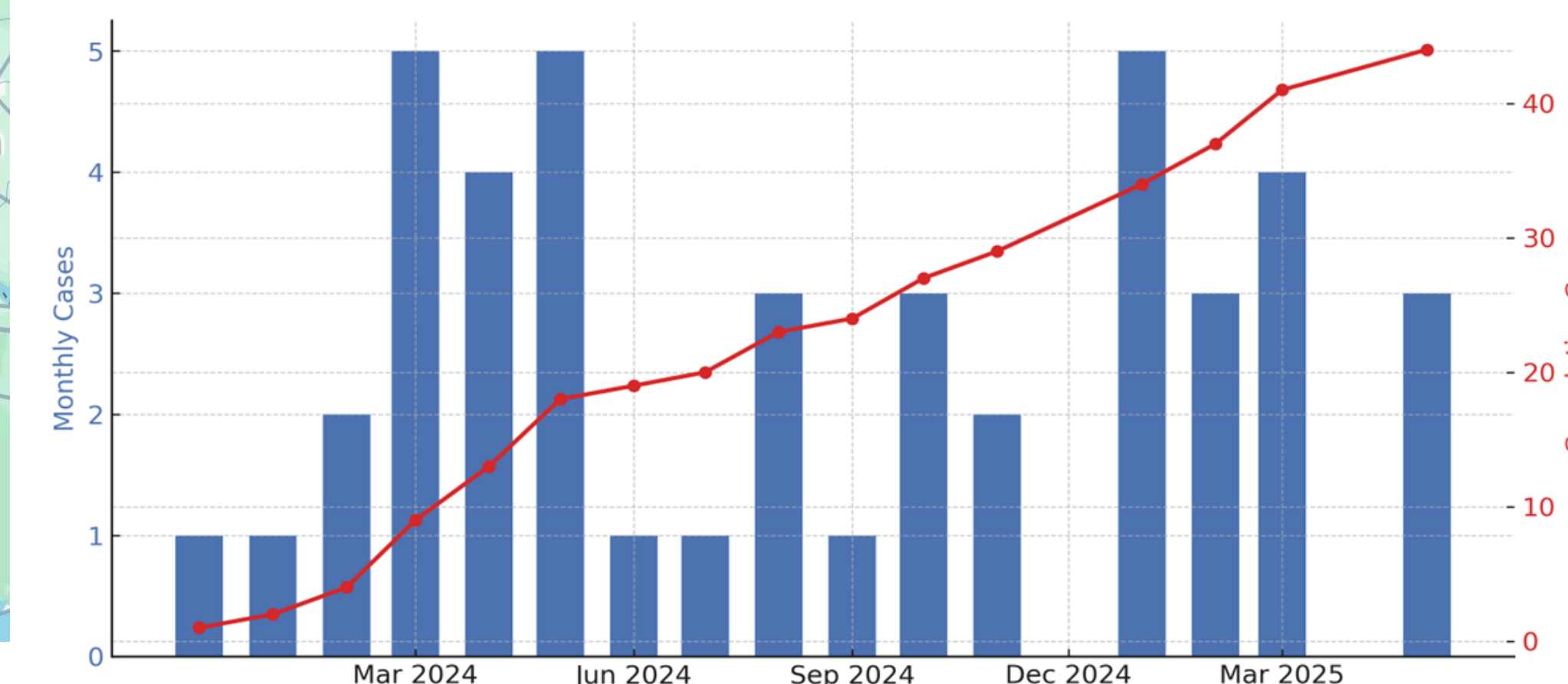


Figure 3: Timeline of case volume over the course of the study

Policy Implications

Policy Recommendations

- Establishing a reconstructive urology practice in a resource-limited region **demonstrably improves access** without compromising outcomes.
- Workforce distribution policy**—not just patient demand—drives procedure availability.
- Strategic placement of fellowship-trained subspecialists can:
 - Reduce low-value repeat procedures** (dilation/DVIU).
 - Lower long-term costs** by providing definitive repair.
 - Expand public-payer access** to high-quality subspecialty care.
 - Strengthen regional training pipelines and rural referral networks.

Incentivize recruitment and retention of reconstructive urologists in underserved regions through loan repayment, GME expansion, and targeted grants.

Promote academic–community partnerships to decentralize access to complex surgical care.

Integrate reconstructive access metrics into state and federal workforce planning models.

Support data infrastructure for outcome tracking and policy evaluation in rural surgical programs.

Conclusions

- Targeted workforce investment in reconstructive urology can **rapidly transform access** to definitive stricture care across the Southeastern U.S.
- Outcomes from this early implementation show that **a single reconstructive surgeon can shift regional care patterns**, reduce procedural overuse, and deliver equitable outcomes for publicly insured patients.
- Sustainable policy support**—through workforce incentives and infrastructure funding—is essential to maintain and replicate these access gains nationwide.

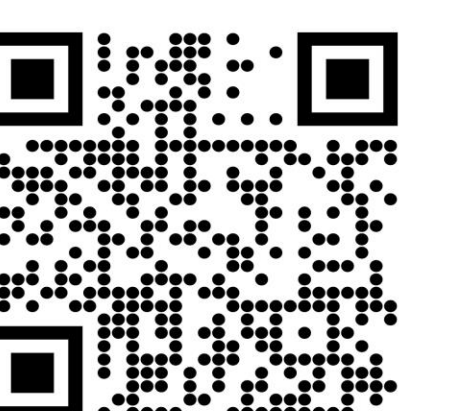
Policy Framework for Access Expansion

Incentivize Workforce
Loan repayment and recruitment grants

Expand Training
Rural GME expansion and fellowships

Build Partnerships
Academic–community program models

Bibliography:



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