

Patient 1	Mr. RZ	DoB: 14/01/1984
<p>RZ has been having serious difficulty urinating for the last five years, but has not previously presented his symptoms. Having seen an operation on 'embarrassing bodies', he decided to ask his GP for a referral. An x-ray reveals a very tight, long stricture. His flow is 4mls per second, leaving approximately 400ml in his bladder. RZ is keen to have the reconstructive surgery seen on television.</p>		
<p><i>The patient is not eligible because he has not previously been treated for urethral stricture. However, some clinicians feel that urethroplasty may be justified where the stricture is severe.</i></p>		

Patient 4	Mr. NB	DoB: 07/01/1976
<p>NB has received numerous urethrotomies and practices daily ISD. He has previously been told about urethroplasty, but says that he is managing fine without a serious operation. He has been given a child-sized tube for ISD. The stricture is severe, making urethrogram very difficult. NB is otherwise healthy, of average weight and low blood pressure.</p>		
<p><i>The patient is eligible for the OPEN trial and should be invited to participate. Some clinician urge patients to consider urethroplasty when their symptoms are severe.</i></p>		

Patient 2	Mr. ML	DoB: 07/09/1952
<p>ML first presented with stricture symptoms seven years ago. Since then he has received two urethrotomies. From his description, recurrence happened about a year and a half after each procedure. His flow rate is slow but still manageable. He does not see himself as having a problem that necessitates a 'serious' operation.</p>		
<p><i>LM eligible for OPEN trial and should be invited to participate. During consultations, clinician should explain why there is uncertainty between the procedures.</i></p>		

Patient 5	Mr. MT	DoB: 03/05/1962
<p>MT has suffered with a stricture most of his adult life and has received numerous urethrotomies. His records show that he also had a urethroplasty operation in 2004. MT has a higher than average blood pressure and is overweight. His flow rate had become gradually slower and he is happy to try anything to get it sorted.</p>		
<p><i>Although the patient has had a previous urethroplasty, he is still eligible and should be invited to participate.</i></p>		

Patient 3	Mr. ST	DoB: 23/04/1976
<p>ST has returned to clinic after his first urethrotomy operation four months ago. He says after an initial relief from his symptoms his flow rate quickly deteriorated. He feels frustrated and let down by the operation and wants to discuss a long-term solution.</p>		
<p><i>Although the patients felt they have made up their mind, they are eligible for the study and should be invited to participate. The recruiting consultant should explain why there is uncertainty between the available procedures.</i></p>		

Patient 6	Mr. NN	DoB: 21/09/1983
<p>NN has returned to clinic after his stricture has returned three years after his initial urethrotomy. He wants to take part in the trial to help out people like him. However, he dislikes the idea of randomisation and says he would prefer to take part and choose his treatment.</p>		
<p><i>It is important that patients only take part if they are happy to be randomised. Recruiters should explain the process of randomisation and answer any concerns the patient has.</i></p>		