Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Urethral Stricture

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 April 2025;
- A field health record by the medical officer, dated 17 September 2009;
- An outpatient health record and sexual health pathology by the medical officer, Garrison health centre, dated 8 June 2010;
- A dermatology consultation and biopsy report by the dermatologist, dated 3 November 2010;
- A casualty report by the CT and retrograde urethrogram, Role 3 hospital, Afghanistan, dated 14 July 2011;
- An operation report by the urologist, Coalition role 4 hospital, dated 16 July 2011;
- An urology outpatient record by the urologist, dated 27 August 2011;
- An uroflowmetry report by the urology nurse, dated 15 December 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 27 February 2012;
- A retrograde urethrogram and urology consultation by the radiologist and urologist, dated 12 April 2012;
- An operation report by the urologist, dated 18 June 2012;
- An operation report by the urologist, dated 5 March 2013;
- A deployed health record by the medical officer, Iraq, dated 2 May 2016;
- A deployed health record and aeromedical evacuation summary by the medical officer, Iraq, dated 8 June 2016;

- An urethrogram and urology consultation by the radiologist and urologist, dated 15 August 2016.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 July 2004 and 11 October 2018

Urethral Stricture

You have stated that your condition was caused by:

- *sustaining a pelvic fracture with injury to or disruption of the urethra before the clinical onset of urethral stricture*
- *sustaining blunt trauma to the perineum, including a straddle injury, before the clinical onset of urethral stricture*
- *undergoing urethral catheterisation for a cumulative period of at least 7 days within the 5 years before the clinical onset of urethral stricture*
- *undergoing traumatic urethral catheterisation, with urethral bleeding or the creation of a false passage, before the clinical onset of urethral stricture*
- *undergoing transurethral instrumentation, including cystoscopy or endoscopic urethral realignment, within the 5 years before the clinical onset of urethral stricture*
- *having gonococcal urethritis before the clinical onset of urethral stricture*
- *having non-gonococcal urethritis, including chlamydial urethritis, before the clinical onset of urethral stricture*
- *having lichen sclerosus of the genital skin involving the foreskin, glans or urethral meatus before the clinical onset of urethral stricture*
- *undergoing repeated urethral dilatation or urethrotomy after the clinical onset of urethral stricture*
- *having a urinary tract infection or urethritis after the clinical onset of urethral stricture*
- *undergoing urethral catheterisation, including traumatic or failed catheterisation, after the clinical onset of urethral stricture*
- *sustaining blunt trauma to the perineum after the clinical onset of urethral stricture*

Diagnosis: Urethral Stricture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 April 2025, and is supported by a retrograde urethrogram and urology consultation by the radiologist and urologist, dated 12 April 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this

condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *sustaining a pelvic fracture with injury to or disruption of the urethra before the clinical onset of urethral stricture*
- *sustaining blunt trauma to the perineum, including a straddle injury, before the clinical onset of urethral stricture*
- *undergoing urethral catheterisation for a cumulative period of at least 7 days within the 5 years before the clinical onset of urethral stricture*
- *undergoing traumatic urethral catheterisation, with urethral bleeding or the creation of a false passage, before the clinical onset of urethral stricture*
- *undergoing transurethral instrumentation, including cystoscopy or endoscopic urethral realignment, within the 5 years before the clinical onset of urethral stricture*
- *having gonococcal urethritis before the clinical onset of urethral stricture*
- *having non-gonococcal urethritis, including chlamydial urethritis, before the clinical onset of urethral stricture*
- *having lichen sclerosus of the genital skin involving the foreskin, glans or urethral meatus before the clinical onset of urethral stricture*
- *undergoing repeated urethral dilatation or urethrotomy after the clinical onset of urethral stricture*
- *having a urinary tract infection or urethritis after the clinical onset of urethral stricture*
- *undergoing urethral catheterisation, including traumatic or failed catheterisation, after the clinical onset of urethral stricture*
- *sustaining blunt trauma to the perineum after the clinical onset of urethral stricture*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a weak, split and spraying urinary stream, straining to void, hesitancy, a sensation of incomplete emptying and post-void dribbling, with nocturia twice a night on 27 February 2012.

The diagnosis was confirmed by retrograde and voiding urethrography on 12 April 2012, which showed a 2 cm stricture of the bulbomembranous urethra with proximal dilatation, in a man with obstructive voiding symptoms and a maximum flow rate of 7 mL/s with a post-void residual of 140 mL. A urologist confirmed the diagnosis and the stricture was visualised directly at optical urethrotomy on 18 June 2012.

This has then led to further investigations and the diagnosis of your condition of *Urethral Stricture*. I have accepted your condition of *Urethral Stricture*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 20 February 2012.

Urethral Stricture (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 April 2025;
- A field health record by the medical officer, dated 17 September 2009;
- An outpatient health record and sexual health pathology by the medical officer, Garrison health centre, dated 8 June 2010;
- A dermatology consultation and biopsy report by the dermatologist, dated 3 November 2010;
- A casualty report by the CT and retrograde urethrogram, Role 3 hospital, Afghanistan, dated 14 July 2011;
- An operation report by the urologist, Coalition role 4 hospital, dated 16 July 2011;
- An urology outpatient record by the urologist, dated 27 August 2011;
- An uroflowmetry report by the urology nurse, dated 15 December 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 27 February 2012;
- A retrograde urethrogram and urology consultation by the radiologist and urologist, dated 12 April 2012;
- An operation report by the urologist, dated 18 June 2012;
- An operation report by the urologist, dated 5 March 2013;
- A deployed health record by the medical officer, Iraq, dated 2 May 2016;
- A deployed health record and aeromedical evacuation summary by the medical officer, Iraq, dated 8 June 2016;
- An urethrogram and urology consultation by the radiologist and urologist, dated 15 August 2016.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 July 2004 and 11 October 2018

Urethral Stricture (Worsening)

You have stated that the worsening of your condition was caused by:

- *inability to obtain appropriate clinical management for urethral stricture*

Diagnosis: Urethral Stricture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 April 2025, and is supported by a retrograde urethrogram and urology consultation by the radiologist and urologist, dated 12 April 2012.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *inability to obtain appropriate clinical management for urethral stricture*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a weak, split and spraying urinary stream, straining to void, hesitancy, a sensation of incomplete emptying and post-void dribbling, with nocturia twice a night on 27 February 2012.

The diagnosis was confirmed by retrograde and voiding urethrography on 12 April 2012, which showed a 2 cm stricture of the bulbomembranous urethra with proximal dilatation, in a man with obstructive voiding symptoms and a maximum flow rate of 7 mL/s with a post-void residual of 140 mL. A urologist confirmed the diagnosis and the stricture was visualised directly at optical urethrotomy on 18 June 2012.

After the condition arose, it was worsened during your service. On warlike service in Iraq your prescribed self-dilatation catheters ran out in April 2016 and could not be resupplied, and there was no urologist in theatre, so the dilatation regimen that was keeping your stricture open stopped for two months.

This has then led to further investigations and the diagnosis of your condition of *Urethral Stricture (Worsening)*. I have accepted your condition of *Urethral Stricture (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 8 June 2016.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.