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Managing Post-Prostatectomy Stress Urinary Incontinence: Evaluating the Performance of Male Sling and Artificial Urinary Sphincter

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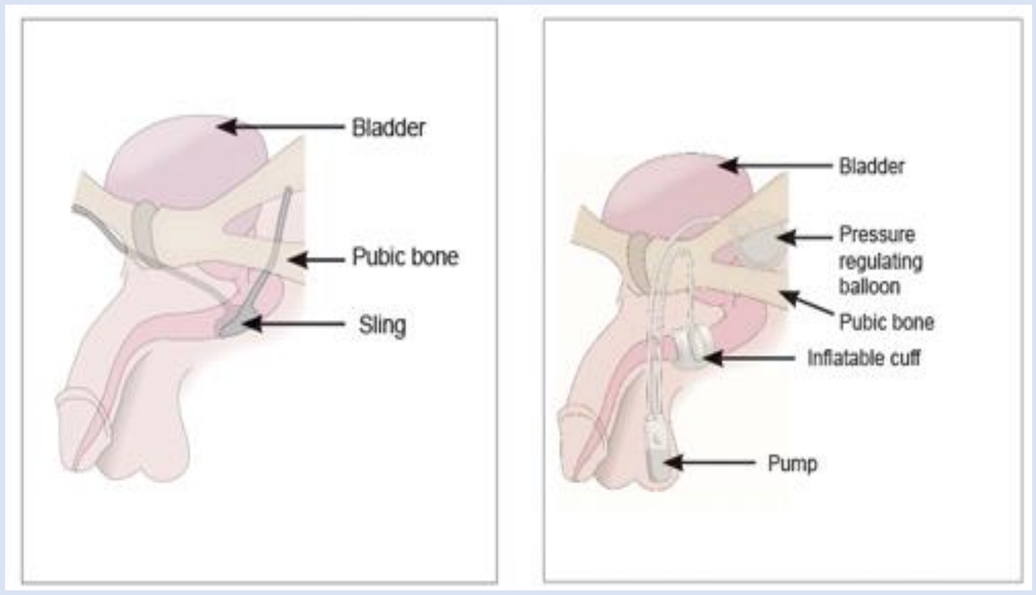


Figure on the left : male sling; Figure on the right : AUS

Introduction

A retrospective review of outcome for artificial urinary sphincter and male sling performed from January 2018 to March 2024, in patients with post-RaLRP stress urinary incontinence.

- AUS (n=13,65%)
- Male sling (n=7, 35%)

Surgery for Incontinence

Artificial Urinary Sphincter

- Urethral cuff providing circumferential compression on urethra
- Scrotal control pump
- Pressure regulating balloon located in pre-peritoneal retropubic space

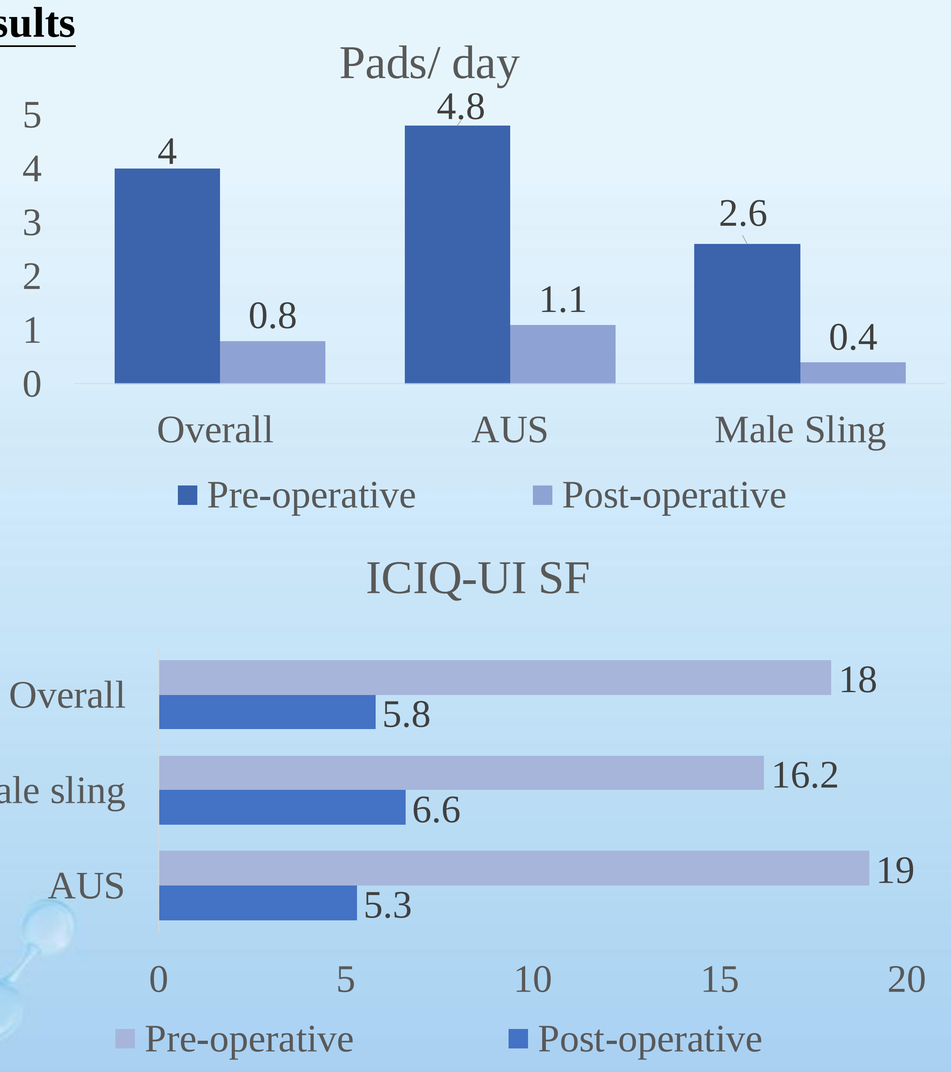
Male Sling

- Synthetic sling with tension
- Exert direct pressure on urethra and provide angulation of urethra

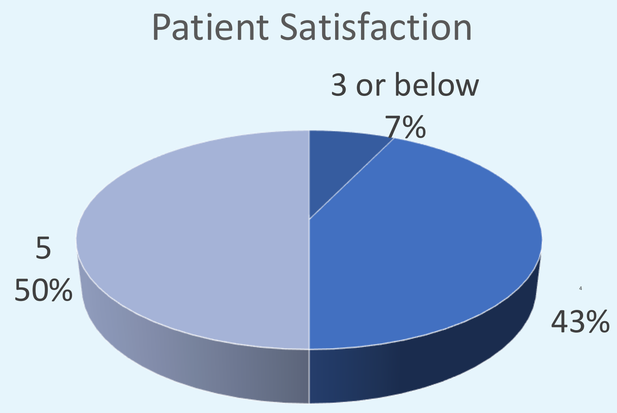
Baseline Characteristics

	Overall	AUS	Male Sling
Age (median)	67 y	69y	66 y
Nerve sparing status			
Non-nerve sparing	9 (45%)	6	3
Unilateral NS	3 (15%)	2	1
Bilateral NS	5 (25%)	2	3
Not mentioned	3 (15%)	3	0
Urodynamic study findings			
Stress urinary incontinence	14 (70%)	11 (84%)	3 (42.8%)
Urodynamic detrusor overactivity	5 (25%)	4 (30.7%)	1 (14.3%)
Post-operative RT	2 (10%)	2	0

Results



Results



	Overall	AUS	Male Sling
Operative time (minutes)/ mean	107.3 (30-233)	136.6 (88-233)	52.4 (30 -80)
Median follow up (months)	52	50	54.5
Pre-operative 24 hour pad test (mean)	387 g (16-919g)	507g (100-919g)	180g (16-340g)
Pre-operative Pads/ day (mean)	4 pads	4.8 pads	2.6 pads
Post-operative Pads/day (mean)	0.8 pads (0-7 pads)	1.1 pads (0-7pads)	0.4 pads
Requiring 0-1 pads / day on latest follow up	89%	83%	100%
ICIQ-UI (respondent)	14 (70%)	9 responded (69.2%)	5 responded (71.4%)
Before surgery	18 (11-21)	19 (17-21)	16.2 (11-21)
After surgery	5.8 (0-13)	5.3 (0-9)	6.6 (4-13)
Patient satisfaction (out of 5)	4.42	4.44	4.40
Serious complications/ mechanical failure	4	4	0

Conclusion

Both AUS and male sling procedures demonstrated acceptable effectiveness for the treatment of post-RaLRP SUI. The AUS group required a higher rate of revision surgeries. Patient selection and counseling are crucial factors in optimizing quality of life for these patients.

Reference

Abrams P, Constable LD, Cooper D, et al. Outcomes of a Noninferiority Randomised Controlled Trial of Surgery for Men with Urodynamic Stress Incontinence After Prostate Surgery (MASTER). *Eur Urol*. 2021;79(6):812-823. doi:10.1016/j.eururo.2021.01.024