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# LESSON LEARNED BY UNFIT INCONTINENT PATIENTS: MALE ADJUSTABLE CONTINENT THERAPY (PRO-ACT) MIGHT BE EXTENDED TO MODERATE- SEVERE URINARY INCONTINENCE

Aim

Pro-ACT is an anti-incontinence device commonly used for mild stress urinary incontinence secondary to radical prostatectomy. Aim of our study was to verify the urodynamic efficiency and patient's satisfaction in more serious post RRP incontinence too, treated with pro-ACT.

Material and methods

Retrospective analysis of our series of pro-ACT implants, also including moderate and severe incontinence in unfit pts due to comorbidity, or refusing the option of artificial urinary sphyncther.

Following datas were collected:

- Pre operatory number of pads, MUCP;
- Post operative number of pads, number of device adjustement.

Patients were divided into 3 classes:

- Mild incontinence: 1-2 pads/die;
- Moderate incontinence: 3-4 pads/die;
- Severe incontinence: 5 or more pads/die.
- Results
- Preoperatively pts resulted divided in three groups as follows:

| | mild | moderate | Severe |
|---|---|---|---|
| n. of pts | 35 | 20 | 15 |
| MUCP mean (range) | 40 (32-78) | 37 (28-72) | 28 (10-46) |

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- Postoperative improvement in pad use and number of device adjustements were as follows :

| | No pads | 1-2 pads | 3-4 pads | 5 or more pads | Nb adjustements (range) |
|---|---|---|---|---|---|
| Mild | 28 (80%) | 7 (20%) | 0 | 0 | 1,3 (0-2) |
| Moderate | 10 (50%) | 6 (27%) | 4 (23%) | 0 | 3,8 (2-5) |
| Severe | 6 (40%) | 4 (28%) | 5 (32%) | 0 | 4,5 (3-7) |

Discussion

Pro-ACT is known to reach complete continence in 60-80% of pts with mild-moderate stress urinary incontinence . Our data, in these kind of pts, are in accordance with literature. Little is known about the effects of pro-ACT in severe incontinence. It is generally accepted that results are poor. However, in common clinical practice, pts could refuse the idea of an artificial urinary sphyncther, considering its high re-operation rate due to mechanical breakdown, or risks of infection, higher in some groups of pts.

Conclusive Message

In our experience at least 15 pts refused artificial sphyncther and preferred pro-ACT, being conscious of the risk of failure. From table 2 we can see that 40% of severe incontinent pts gained complete continence and 28% improved. This seems to be an acceptable success rate, in order to offer this option to pts with severe incontinence, not suitable for A.S. A further advantage for NHS, not less important, may be considered the amount of money saved, comparing to A.S. or pads for life.

Legend
RRP : Retropubic Radical Prostatectomy
Mucp: Maximal urethral closure pressure
PRO-ACT: Pro Adjustable continence Therapy
Pts: patients
A.S: Artificial sphncther
NHS: National Health Service

| | |
|---|---|
| ***Specify source of funding or grant*** | **Ourselves** |
| ***Is this a clinical trial?*** | **No** |
| ***What were the subjects in the study?*** | **HUMAN** |
| ***Was this study approved by an ethics committee?*** | **No** |
| ***This study did not require ethics committee approval because*** | **Because retrspective study abowt use of an approved device for incontinence** |
| ***Was the Declaration of Helsinki followed?*** | **Yes** |
| ***Was informed consent obtained from the patients?*** | **Yes** |