

SPIRAL SLING PROCEDURE FOR POSTOPERATIVE INCONTINENCE

Hypothesis / aims of study

Treatment of male urinary incontinence has shifted towards simpler and minimally-invasive procedures due to the increased cost, infection and revision risks of artificial urinary sphincters. We evaluated our results with transobturator spiral sling procedures in male patients.

Study design, materials and methods

Between 2008 and 2010, 14, 6, and 1 male patients received transobturator spiral sling for incontinence after radical prostatectomy, transvesical prostatectomy, and orthotopic neobladder surgeries, respectively. Surgical technique: after a midline 4 cm perineal incision, bulbospongios muscle was separated from surrounding tissues. 1-1.5 cm width prolene mesh tape was placed in form of ventral to dorsal urethra in 360 ° rotating spiral to provide circular coaptation to the bulbar urethra after liberalization of the bulbar urethra.

Results

Duration of preoperative incontinence and postoperative follow-up ranged between 8-72 months and 3-26 months, respectively. Patients used 5.8±1.1 pads/day preoperatively. In the follow up 7 patients had complete dryness and clinical improvement was observed in 6 cases. 4 patients had numbness in the perineum. Complete dryness was achieved in 4 (66%) patients who underwent transobturator sling after transvesical prostatectomy. 9 cases required the use of anticholinergic treatment. No patient had urethral erosion. In 1 patient who had unsuccessful sling operation, AUS+PPI was performed in the same session. Only two patient wanted to reoperation of artificial urinary sphincter for getting total dryness. Other patients either unwanted to reoperation or pleasure to gradual improvement because of sling operation.

Interpretation of results

More acceptable cost of spiral sling procedure rather than artificial sphincter make it feasible method in the first line therapy of postoperative incontinence. Number of pad usage in a day clearly was decreased by spiral sling.

Concluding message

Our experience has revealed prominent success rates in transobturator sling procedures in male incontinence. Assessment of post-radical prostatectomy and posttransvesical prostatectomy results should be done separately.

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Bezmi Alem Vakif University Ethics Committee
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes