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Title: URETHRAL STENT AND ARTIFICIAL URINARY SPHINCTER FOR TREATMENT OF REFRACTORY VESICAL NECK CONTRACTURE IN POST-PROSTATECTOMY INCONTINENT MEN

Aims of Study:

Vesical neck contracture (VNC) associated with male stress urinary incontinence (SUI) is a condition that is often difficult to treat. We describe an alternative method of treating VNC and SUI: 1.) incision of VNC, 2.) placement of urethral stent, and 3.) staged implantation of artificial urinary sphincter.

Methods:

This was a prospective non-randomized study where twelve men (12) with ISD and VNC underwent transurethral incision of VNC (TUIVNC) followed by placement of urethral stent. All patients had preoperative multichannel urodynamics and cystoscopy. All had failed previous urethral dilations and TUIVNC. Postoperative cystoscopy was used to assess the in-growth of the stent. Artificial urinary sphincter (AUS) was implanted as a staged procedure when the stent was completely incorporated within the urethral tissues. This occurred usually after 6-12 wks. Postoperative evaluation included cystoscopy, self-reported outcomes questionnaire, and satisfaction score using a visual analogue scale.

Results:

The mean age was 69 years (range 62-78). The mean follow-up was 16 months (range 6-26). After the urethral stent was placed, the mean time to implanting the AUS was 8 weeks (range 6-12). Of the group, 11/12 (92%) were cured of SUI and 1/12 (8%) was significantly improved. The reported mean pad use decreased from 12 to 1.0 per day. Postoperative complications included superficial wound infection (N=1) and perineal pain (N=1). The incidence of recurrent VNC was zero percent. The incidence of sphincter revision/ removal was zero percent. At a mean follow-up of 16 months, all stents and sphincters are working well and the mean satisfaction score is 8.5 (range 7-10). Of those patients who were not completely happy, they reported their source of dissatisfaction was urge incontinence and perineal pain. However, when asked if they would undergo surgery again, all 12/12 (100%) men replied as affirmative.

Conclusions:

Staged artificial urinary sphincter implantation after TUIVNC and Urolume stent placement is a reasonable treatment modality for recurrent VNC and stress urinary incontinence. Patients' acceptance of this therapy was high. Further studies are needed on a large scale basis.