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Title: TWO-STAGE MANAGEMENT OF ANASTOMOTIC CONTRACTURE AND STRESS URINARY INCONTINENCE FOLLOWING RADICAL PROSTATECTOMY

Aims Of Study:

Anastomotic bladder neck contracture (BNC) is a devastating complication of radical prostatectomy. Patients may present with decreased force of stream, urinary retention, stress (SUI), urge, or overflow urinary incontinence. Mark et al (J. Urology 151(5):1202-04, 1994) proposed synchronous management of anastomic stricture and SUI by endoscopic incision of the contracture with electrocautery and implantation of an artificial urinary sphincter (AUS). We herein report our experience using a two stage rather than a synchronous approach.

Methods:

We retrospectively evaluated the medical records of 15 patients, mean age 62 (52-78) presenting with post radical prostatectomy BNC associated with SUI, mean pad usage 3/day, All patients had their BNC confirmed by office flexible cystourethroscopy. Urodynamic evaluation (UDS) was obtained in 10/15 revealing a valsalva leak point pressure less than 80 cm H20 pressure in all 10 cases. Bladder outlet obstruction (Schafer nomogram GIII-V) was noted in 4/10 cases. The remaining 5 patients were unable to undergo UDS because of tightness of their BNC. Two patients declined AUS, 13/15 proceeded with our two-stage management: 1-deep transurethral resection of BNC (TURBNC) with Collins knife electrocautery, 2-insertion of an AUS (AMS-800) 6-8 weeks after TURBNC, if endoscopy 5 weeks post-TURBNC reveals BN patency.

Results:

The entire cohort remains available for follow-up (mean F/U: 15 months): A total of 3 patients developed early recurrence of BNC: 2 at 5wk cystoscopy, 1 at 8 wk discovered at the time of scheduled AUS. All 3 re-incised patients remained clinically patent (mean F/U: 9 months.). The remaining 10 patients remain clinically patent after a single resection with good subjective flow and post-void residual of less than 30 ml (mean F/U: 11 months). 12/13 patients who underwent AUS placement are socially continent (wearing 0-1 thin pad). 1 patient remained incontinent after AUS. One continent patient developed infection of the device 8 months post-op requiring removal.

Conclusions:

We recommend a two stage approach (TURBNC followed by AUS insertion) rather than synchronous management in the treatment of BNC associated with stress urinary incontinence. The two-stage approach allows identification of BNC recurrence and their safe management prior to AUS implant. In our series, we have not identified clinical recurrences of BNC 2 after TURBNC.