

511

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EARLY EXPERIENCE WITH NEW MALE SLING PROCEDURES FOR MALE STRESS URINARY INCONTINENCE (SUI)

Synopsis of Video

This video describes the technique of a new male sling procedure. Spinal anesthesia is given and the patient is placed in a dorsal lithotomy position. After the scrotum is elevated, a midline perineal incision is made. The upper most point of that incision being the inferior border of the pubic symphysis. The incision is then deepened through the collis fascia leaving the subcutaneous fat and the muscle over the urethra in the midline. The dissection is directed laterally to expose the descending rami of pubic bone bilaterally. The urethra and the tissue covering the urethra including the subcutaneous fat and the muscle were left undisturbed. The highest point on the pubic bone is chosen just lateral to the inferior border of the pubic symphysis. All the tissue was cleared off the periosteum at that point and using a 5-millimeter titanium bone screw with preattached #1 prolene suture was drilled with a straight InVance bone drill. A distance of 4 centimeters was measured on the pubic ramus and another bone screw was placed in a similar fashion. The third bone screw was placed in the middle completing the three bone screws on each side. A 4x7 cm. graft is chosen as sling material and the prolene sutures were transferred into one edge of the graft. Next, the Foley catheter was removed and a cough test was performed. The patient is asked to cough and simultaneously, tension is being provided onto the graft material until no leakage is observed. This point was marked onto the graft and suture from the contralateral side were transferred in a similar fashion. The sutures were then tied onto the bone. The surgical site is irrigated with antibiotic solution and an incision is closed in a two layers. The Foley catheter was then replaced. The patient is discharged with instruction either on the same day or the next morning after a voiding trial is given.