

EFFICACY OF THE BULBOURETHRAL AUTOLOGUS SLING IN TREATING MALE STRESS URINARY INCONTINENCE.

Hypothesis / aims of study: To evaluate the efficacy of the bulbourethral rectus autologus sling in treating male stress urinary incontinence.

Study design, materials: and methods We retrospectively reviewed operative logs from a single surgeon of 32 male patients treated over a 3-yr period (Mar 2001 to Mar 2004) for stress incontinence by implantation of a bulbourethral free rectus sling (1). The mean age of the patients was 46.4 yr (range 14–76); mean follow-up time was 29.5 months (range 24–52). Neurogenic dysfunction was the most common cause of incontinence in this group (17/32 cases; 53.1%) while post-radical prostatectomy incontinence was the other cause. Efficacy was evaluated objectively in terms of the number of pads used per day, subjective patient satisfaction, and morbidity. We also investigated a possible correlation between preoperative parameters and outcome. In table 1 the preoperative urodynamic results are presented.

Results: Ten patients (31.3%) were cured (totally dry, 15.6%; the remainder 1 pad per day) while 5 (15.6%) patients improved but still required two pads per day. Overall, 15 of 32 patients (46.9%) were satisfied with the outcome of the operation. In table 2 the number of pads used before and after the operation are shown. In total 7 patients presented a mild complication (21.9%). De novo urgency was the most common complication presented in 4 out of 32 (11.6%). No case of urethral erosion was encountered.

Interpretation of results: Post-operatively in all patients' groups the number of pads decreased significantly. The free rectus fascia bulbourethral sling seems to have a moderate effectiveness while the morbidity is rather low. Univariate analysis failed to find any correlation between the final outcome and the following parameters: patient age, duration of incontinence, earlier anti-incontinence surgery, severity of pre-operative incontinence, pre-operative Valsalva Leak Point Pressure, decreased compliance, decreased bladder capacity and preoperative evidence of detrusor overactivity

Concluding message: The free rectus fascia bulbourethral sling is a modestly effective technique for the treatment of male stress incontinence with mild morbidity. The use of this method seems that is suitable for selected cases.

TABLE 1
Preoperative urodynamic results

Parameter	No of patients / % or mean (range)	
Normal compliance	24/32	75,00%
Stable bladder	29/32	90,63%
Normal sensitivity	25/32	78,13%
Normal capacity	22/32	68,75%
Valsava Leak Point Pressure	49,093 cm H ₂ O (20-110 cm H ₂ O)	

TABLE 2
Number of pads before and after the operation

Outcome of patients treatment	No of Pads before the treatment (range)	No of Pads after the treatment (range)	P value
Cure (no = 10)	6.10 (4-8)	0.50 (0-1)	p≤0.05
Improvement (no=5)	6.60 (4-8)	2.00 (2-2)	p≤0.05
Failure (no = 17)	6.94 (4-10)	6.53 (4-9)	p≤0.05
Success (no = 15) (cure + Improvement)	6.27 (4-8)	1.13 (0-2)	p≤0.05

References

1. Raz S, McGuire EJ, Ehrlich RM, Zeidman EJ, Wang SC, Alarcon A, Schmidtbauer C, McLaughlin S (1998) Fascial sling to correct male neurogenic sphincter incompetence: the McGuire/Raz approach. J Urol. Mar;139(3):528-31

Specify source of funding or grant

None

Not any conflict of interest

Is this a clinical trial?

Yes

<i>Is this study registered in a public clinical trials registry?</i>	No
<i>Is this a Randomised Controlled Trial (RCT)?</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>	University of Michigan Medical Center IRB
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No