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Introduction

- Stress urinary incontinence (SUI) is a form of involuntary leakage from the urethral orifice synchronous with effort or physical exertion, or on sneezing or coughing<sup>1</sup>
- Among men, SUI is mainly caused by radical prostatectomy for prostate cancer
- Artificial Urinary Sphincter (AUS) is a treatment option for moderate to severe male SUI

Aim of the study

1. To determine the way patients are counselled about AUS
2. Explore patients’ experiences and expectations of perioperative counselling in order to improve care for this patient group in our university hospital

Materials and method

A qualitative study using semi-structured, individual in-depth interviews amongst nine patients with AUS was conducted between July and August 2023



- A topic list was used
- Topics were related to patients’ perceptions concerning, symptoms, expectations, treatment and outcome
- Audio recordings of the interviews were transcribed verbatim
- Data analysis was conducted using inductive coding in three stages, searching for themes and subthemes relevant to answering the research question

References  
1. D’Ancona CD, Haylen BT, Oelke M., et. al (2019) Report on the terminology for adult male lower urinary tract and pelvic floor symptoms and dysfunction. Neurourol Urodyn. DOI: 10.1002/nau. The International Continence Society (ICS)

Results and interpretation

Four main themes were identified

Theme 1: Choice for AUS

- Patients felt heard in their request for help and trusted their practitioners.
- The request for AUS often came from the referring urologist or the patient, typically based on peer experiences.

Theme 2: Empathy

- Information about AUS provided by the urologist and nurse practitioner was clear but too technical and lacked empathy

Theme 3: Expectation management

- Most patients needed stories from peers to understand the follow-up process. They expected less incontinence after AUS, enabling social participation, but did not anticipate complete continence. Clear explanations of expected outcomes before surgery were crucial

Theme 4: Experienced follow up care

- The impact of side effects like incontinence and impotence on quality of life became evident post-surgery. Patients felt that adequate follow-up care for residual issues was lacking.

Conclusion and implementation

Patients *do not expect to be completely dry* after AUS surgery

While perioperative counseling is adequate, *greater empathy* from practitioners is needed

Peer support has been helpful, but *follow-up care* for residual incontinence and impotence *is lacking*

*In response, our team has implemented peer contact programs and increased focus on empathetic care and follow-up for lingering symptoms to improve the patient experience*

