

#635 Outpatient management of male sling procedures: complications and outcomes.



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Hypothesis / Aims of Study

Although artificial urinary sphincter is the preferred surgical option for treating severe stress urinary incontinence, male slings have been introduced to treat mild-to-moderate incontinence.

Non-adjustable re-positioning slings such as AdVance™ and AdVanceXP© have rates up to 49% of dryness and adjustable slings, including ATOMS® system, up to 67%. Both techniques have shown a good safety profile.

→ Aim: Most published series report a 24-hour hospital stay or do not refer to it at all. We evaluate the outcomes and complications of our experience with the implantation of male slings in an **outpatient setting**.

Study design, Materials and Methods

- ✓ Retrospective review.
- ✓ Implantation of AdVance, AdVanceXP and ATOMS system in a third-level referral center between **2019 and 2023**.
- ✓ Protocol:
 - ✓ Preoperatively, all patients underwent a **urethrocystoscopy**.
 - ✓ Surgery with **same day discharge**.
 - ✓ All patients were scheduled for a **consultation 24 hours after** the surgery for the first evaluation and removal of the urethral catheter.
 - ✓ **Antibiotic prophylaxis**: aminopenicillins for 7 days (quinolones during 5 days for those allergic).
- ✓ Descriptive analysis: baselines patient characteristics, type of prior surgery, adjuvant treatment with radiotherapy, pre-operative 24 hours pad test, intra and post-operative complications and functional outcomes.
- ✓ Data analysis with IBM® SPSS® Statistics, version 26.

Results and Interpretation

n = 51 patients:

- 4 AdVance™ (7.8 %)
- 6 AdVanceXP© (11.8%)
- 41 ATOMS® (80.4%).



Patient basal characteristics:

Variable	Mean
Age	70 years (SD ±5.2)
Body Mass Index	27.9 (SD ±3.2)
Diabetes	12 patients (23.5 %)
Pharmacological inmunosupression	1 (2%)
Surgical background	patients (%)
Robot assisted radical prostatectomy	39 (76.47%)
Holmium laser enucleation of the prostate (HoLEP)	4 (7.84%)
Transurethral resection of the prostate (TURP)	4 (7.84%)
Retropubic adenomectomy	2 (3.92%)
Urethroplasty	2 (3.92%)
Pelvic radiotherapy	4 patients (7.8 %)
Preoperative 24-h pad count	2.1 pads (0-4)
Preoperative 24h pad-test	144 g/day (SD ±138.5)

Results and Interpretation (II)

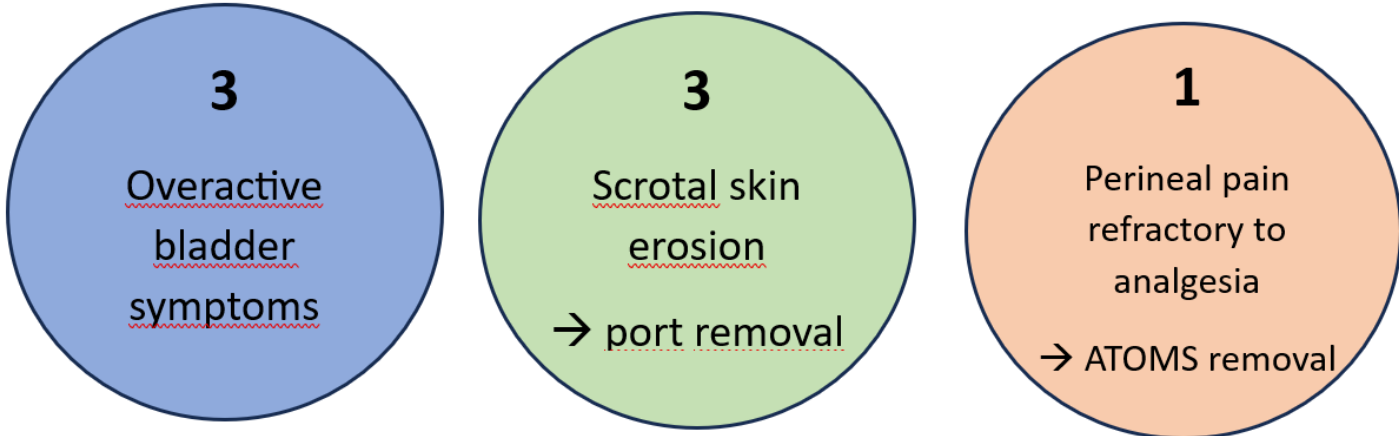
Early complications (within the first 30 days):

Clavien-Dindo grade	Complication	Device n=51		
		ATOMS® 41 (80.4%)	AdVance™ 4 (7.8%)	AdVanceXP® 6 (11-8%)
I	Perineal pain	18 (43.9%)		
	AUR	1 (2.4%)		
	Haematoma		1 (25%)	1 (16.7%)
IIla	Device infection	1 (2.4%)		
	Wound dehiscence	1 (2.%)		

*AUR = acute urinary retention

Delayed complications (>30 days): **7 patients** (13,72%):

*only reported in ATOMS®



ATOMS® (cushing filling):

Standard: 9cc

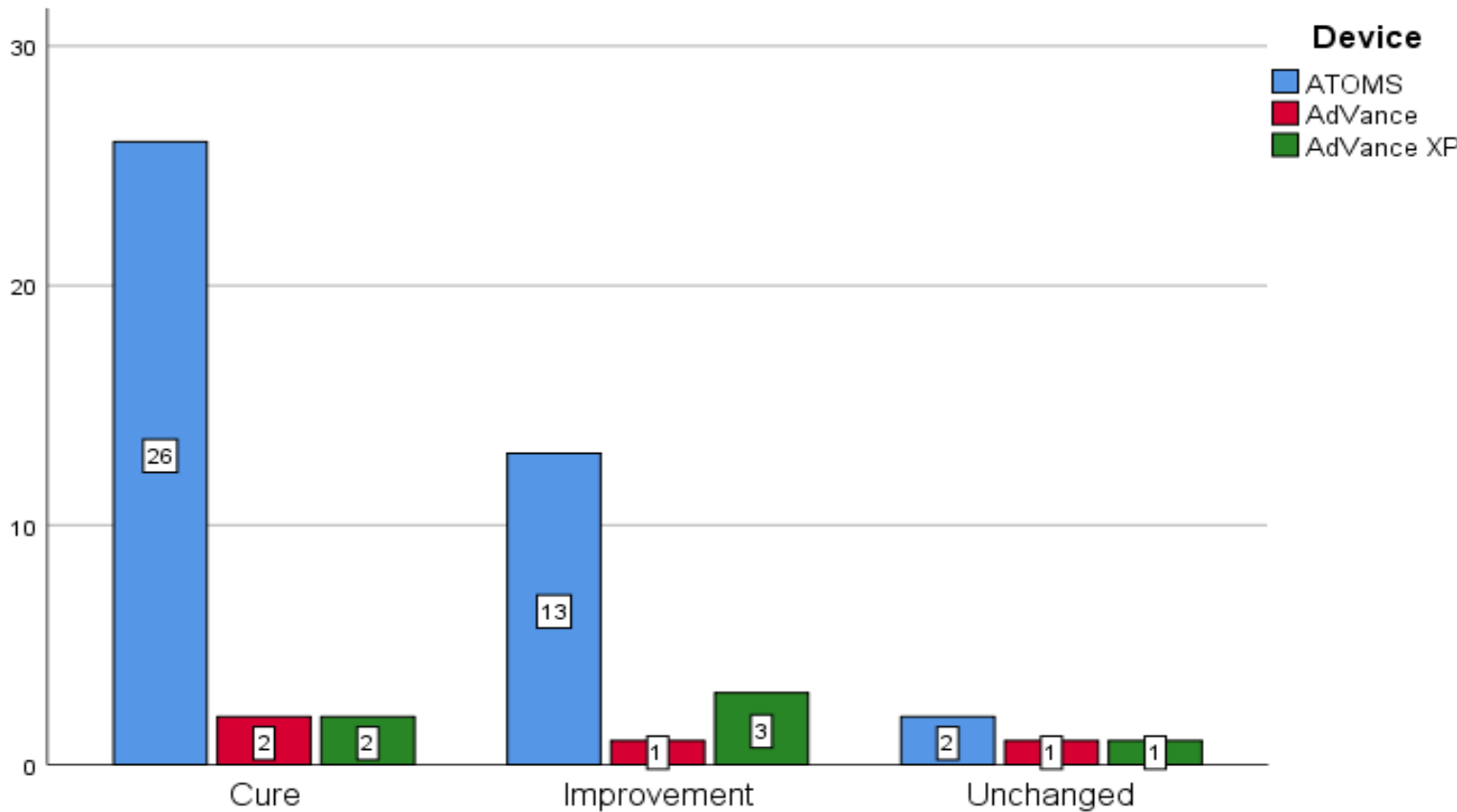


26 patients (63.4%) needed subsequent **adjustment** (mean 1.66, SD ±1.86) → **final volume: 12.29 ml** (8-25ml).

Functional outcomes:

- Cured (completely dry): 30 patients (58.8%)
- Improvement (pad use and self-perceived satisfaction): 17 patients (33.3%).
- Unchanged: 4 patients (7.9%)

Functional outcomes detailed into groups:



Potential study **improvements and limitations**:

- Randomize the study by comparing the results with a group that underwent hospitalization.
- Introduction of questionnaires, pre- and post-surgery.
- Sample size
- Retrospective study.

Conclusions

In our experience, the implantation of male slings in an outpatient setting does not compromise the safety or outcomes of the procedure and the results are comparable with data reviewed in the literature. However, we need more cases and a longer follow-up to generalize our results.

References

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3. Bajaj M, Frampton C, Losco G, Westenberg A. Adjustable transobturator male system (ATOMS) for stress urinary incontinence: the evidence is mounting. BJU Int. 2024;133 Suppl 3:33-38.