

Robotic AUS for women was introduced safely in this complex cohort, with improvement in continence in all patients post operatively.

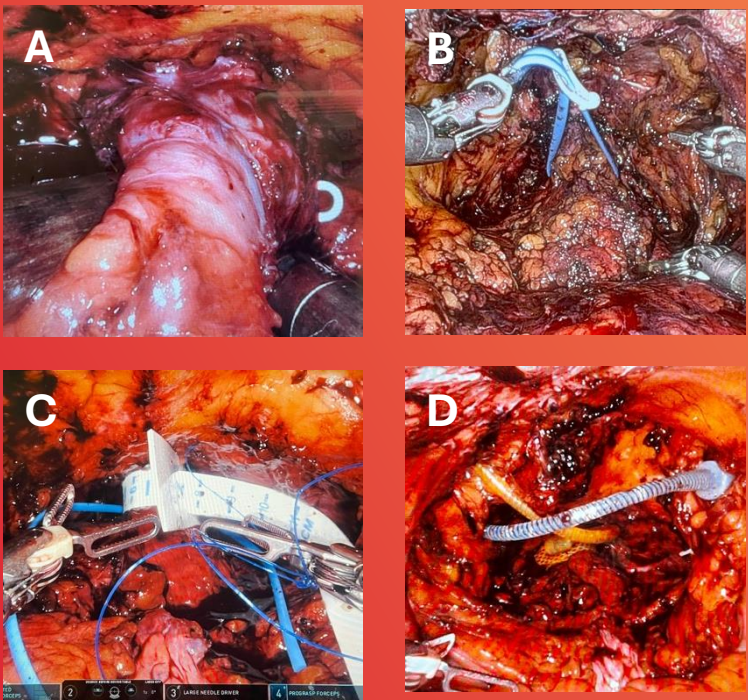


Figure 1. Robotic artificial urinary sphincter implantation in women. A, bladder neck dissection with forceps passed posterior to the bladder neck in preparation for vessel loop placement. B, completed vessel loop placement around the bladder neck. C, measurement of the bladder neck for AUS cuff sizing. D, final AUS cuff placement with positioning of the pressure-regulating balloon and labial pump.

www.ics.org/2026/abstract/#736

ROBOTIC ARTIFICIAL URINARY SPHINCTER (AUS) FOR WOMEN WITH STRESS URINARY INCONTINENCE



Initial experience in Australia and New Zealand

Marnique Basto¹ • Amanda Chung¹ • Henry Yao² • Sandra Elmer^{3,4} • Eva Fong⁵ • Vincent Tse¹
¹ Macquarie University Hospital • ² Eastern Health • ³ Royal Melbourne Hospital • ⁴ Epworth Freemasons • ⁵ Health New Zealand

20	5	5	2	65%	95%
women	surgeons	institutions	countries	completely dry	improved continence

BACKGROUND & AIM

AUS is an emerging option for women with moderate–severe SUI, particularly intrinsic sphincter deficiency (ISD) after failed continence surgery.

Aim: describe the initial Australian and New Zealand experience with robotic AUS.

SURGICAL PROFILE

18 anterior approaches; 2 combined anterior + posterior.

6 intraoperative injuries (30%): 5 vaginal; 1 bladder + vaginal. All proceeded to AUS implantation.

Mean operative time 308 min; median cuff 7.5 cm.

STUDY POPULATION

Prospective series, March 2022–March 2026.

20 women: 19 non-neurogenic, 1 neurogenic. Mean age 63 years. Mean pre-op pads/day 7; mean ALPP 51 cmH₂O.

19/20 had previous continence surgery.

PERI-OPERATIVE OUTCOMES

Median catheterisation 2 days; mean hospital stay 2.5 days.

6 minor Clavien complications: 4 retention, 1 prolonged catheterisation after bladder injury, 1 UTI/thrush.

No Clavien III–V complications.

CONTINENCE 13/20 (65%) completely dry

6/20 (30%) improved • 1/20 (5%) improved but later regressed
=95% improved continence overall at time of follow up

EARLY OUTCOMES	4 revisions (20%) • 2 explants (10%)	Mean follow-up 11.3 months [1–34]
----------------	--------------------------------------	-----------------------------------