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PENOSCROTAL APPROACH IS NOT INFERIOR TO PERINEAL APPROACH FOR ARTIFICIAL URINARY SPHINCTER IMPLANTATION IN MALE URINARY INCONTINENCE

Hypothesis / aims of study

To compare the clinical outcome and complication between traditional perineal incision and the modified penoscrotal incision for implantation of artificial urinary sphincter in male urinary incontinence.

Study design, materials and methods

We performed a retrospective study of 29 artificial sphincter implantation procedures from March 1994 to January 2012 by a single surgeon and analyzed the outcome of different two kinds of incision.

Results

During 29 procedures, twelve artificial urinary sphincter cuffs were placed with the perineal approach and 17 with the penoscrotal approach. The patients got perineal incision has a longer operative time than penoscrotal group (115.4 ± 32 vs. 87.8 ± 22.5 min, $p=0.024$) and longer hospital stay (9.3 ± 2.9 vs. 5.1 ± 2.2 days, $p=0.001$) There was no statistical significance in long term complete dry rate (penoscrotal vs. perineal: 64.7% vs. 50%, $p=0.627$), infection rate (23.5% vs. 33.3%, $p=0.338$) and subsequent tandem cuff-added rate (5.9% vs. 16.7%, $p=0.882$) between the two approaches

Interpretation of results

There is no difference in functional outcome, complication or tandem-cuff added rate between perineal and penoscrotal approaches but the penoscrotal approach had advantages of shorter operative time and hospital stay.

Concluding message

Penoscrotal incision is not inferior to traditional perineal incision for artificial urinary sphincter implantation in male urinary incontinence.

Disclosures

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