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COMPARISON OF CLINICAL OUTCOMES BETWEEN "IDEAL" AND "NON-IDEAL" TRANSOBTURATOR MALE SLING PATIENTS FOR TREATMENT OF POST-PROSTATECTOMY STRESS URINARY INCONTINENCE

Hypothesis / aims of study
Transobturator male sling placement is utilized for the treatment of mild to moderate post-prostatectomy stress urinary incontinence (PPI). Patients frequently prefer the sling over an artificial urinary sphincter in an attempt to avoid using a mechanical device to facilitate continence. We reviewed the clinical outcomes of "ideal" versus "non-ideal" PPI patients who underwent male sling placement.

Study design, materials and methods
We retrospectively reviewed the charts of 95 consecutive patients with PPI who underwent male sling placement (AdVance™ male sling, American Medical Systems, Minnetonka, MN). All procedures were performed by fellowship-trained reconstructive surgeons. Patients were divided into "ideal" versus "non-ideal" cohorts. The ideal group consisted of patients with mild-moderate incontinence (<four pads/day or <300g daily pad weight), ability to volitionally contract the external urinary sphincter, no history of pelvic radiation or cryotherapy, no history of previous anti-incontinence surgical procedures, the ability to generate a volitional detrusor contraction when voiding and a post void residual (PVR) urine volume <100mL. Patients in the non-ideal group did not satisfy all of these criteria.

Results
Demographic, preoperative and post-operative data are listed in table 1. In the ideal patient cohort, 66 of 72 patients (92%) would undergo the procedure again. Conversely, 7 of 23 non-ideal patients (30%) would undergo the procedure again. Complications in both cohorts included acute urinary retention (n = 16), prolonged pelvic pain (n = 3) and worsening urinary incontinence (n = 2). All ideal patients were able to void with a PVR <100mL within 6 weeks of the procedure. Three non-ideal patients with preoperative acontractile bladders required sling lysis for management of prolonged urinary retention.

Table 1

	Ideal (n = 72)	**Non-Ideal (n = 23)**	**P value**
Age (range)	64.8 years (51-79)	67.0 years (52-85)	NS
Daily preop pad use (range)	2.6 (1-4)	4.4 (1-9)	<0.05
Daily preop pad weight (range)	131g (10-280)	520g (80-1200)	<0.05
Daily postop pad use (range)	0.6 (0-6)	2.4 (0-7)	<0.05
Daily postop pad weight (range)	16g (0-310)	201g (0-800)	<0.05
Follow up (range)	23 months (7-49)	25 months (9-50)	NS

Interpretation of results
Our study revealed that 92% of "ideal" patients, but only 30% of "non-ideal" patients, would undergo AdVance™ male sling placement for the management of PPI again. Of the 23 men in the "non-ideal" cohort the majority (74%) were placed in this category due to daily preoperative urinary incontinence >300g or requiring >4 pads. Therefore, a larger scale study with more "non-ideal" patients secondary to other causes will allow for the better prediction of AdVance™ male sling outcomes due to these other "non-ideal" factors.

Concluding message
Preoperative patient selection can influence favorable outcomes following the treatment of PPI with AdVance™ male slings.

Disclosures
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