Hypothesis / aims of study
We describe a novel male sling technique for the treatment of post-prostatectomy incontinence that allows tension adjustment over the urethra postoperatively. The purpose of this study is to present the long-term results in patients with severe incontinence who were treated with this technique.

Study design, materials and methods
An adjustable male sling procedure was performed in 58 patients with a mean age of 68 years (52-80) who had severe post-prostatectomy incontinence. The underlying etiology was radical prostatectomy in 45 patients, transurethral prostate resection in 8, open prostatectomy in 4 and radical cystectomy with an orthotopic ileal neobladder in 1. The mean period between primary prostatic surgery and the sling procedure was 33.4 months.

The difference between the classical sling and the adjustable one is a 10 cm tissue expander between the two layers of polypropylene mesh with an injection port. Adjustment of the sling was performed with saline via this port, in case of recurrence or persistence of incontinence.

Results
Mean follow-up was 52 months (12-102) and in 42 patients (72.4%) follow-up was over 5 years. Average operative time was 59 minutes (45-90). Adjustment was required in 34 of 42 patients (%80.9) and the average injected volume was 8.8 cc. 20 of the patients with adjustment was completely dry (%58), 2 of the patients were improved significantly with 1 to 2 pads per day, 12 of the patients were wet as before. The overall success rate was %64.7. 4 of the patients had a temporary retention and 4 had wound infection, treated successfully with the antibiotics. Scrotal erosion was occurred in one of the irradiated patients and only the port part was removed.

Interpretation of results
Although our short term results had showed a %78.9 complete dryness (1), but only the %58 of these remained dry in the long term. Long term success rate should be discussed with the patients.

Concluding message
Adjustable male sling is an effective method for the severe post prostatectomy incontinence, in the early period, but the effectiveness is gradually decreasing in the long term. Sharing the long term results of adjustable male sling with the patients is extremely important, especially when choosing the most correct procedure for their preference with the sling and artificial urinary sphincter.

References

Disclosures
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