

## ADJUVANT RADIATION THERAPY FOLLOWING PROSTATECTOMY IS NOT AN ABSOLUTE CONTRAINDICATION TO TRANSOBTURATOR SLING PLACEMENT BUT MAY ADVERSELY AFFECT OUTCOMES

### Hypothesis / aims of study

We evaluated the success of the trans-obturator sling (TOS) in men with post prostatectomy stress urinary incontinence (SUI) that had also undergone adjuvant radiation therapy.

### Study design, materials and methods

We conducted a retrospective chart review of post prostatectomy, post irradiated patients who had undergone surgical implantation of a male TOS at a single institution by a single surgeon from January 2006 through October 2011. We recorded patient demographics and all were evaluated preoperatively with video-urodynamics, three day voiding diary, flexible cystourethroscopy, and 24-hour pad number and weight. Postoperatively, patients were evaluated at 6 weeks, 3 months, 6 months and yearly thereafter. We performed bivariate statistical analysis in order to determine whether any of the above predictor variables were associated with a higher likelihood of surgical success or failure.

### Results

A total of 28 patients were included in our analysis with an average follow-up of 7.96 months. Objective success revealed 12 (43 %) failures, 8 (28.5 %) cured, and 7 (25 %) improved. Nine patients (32%) underwent a secondary procedure for continued incontinence.

### Interpretation of results

The success rate of the male TOS is decreased in patients who have undergone adjuvant radiation therapy to 54%, and a large portion of these patients will seek secondary intervention for continued incontinence. However, given the low morbidity of the male TOS and the high success rate of secondary procedures, the TOS still may not be inappropriate to offer to select patients who have undergone radiation therapy.

### Concluding message

Our data indicates that the success rate of the male TOS is decreased in patients who have undergone adjuvant radiation therapy to 54%, and a large portion of these patients will seek secondary intervention with an artificial sphincter or secondary sling for continued incontinence. However, this surgical procedure still may not be inappropriate to offer to select patients who have undergone radiation therapy.

### References

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### Disclosures

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