

## THE UROLUME STENT: A REASONABLE TREATMENT FOR THE POST-PROSTATE CANCER TREATMENT BLADDER OUTLET OBSTRUCTION

### Hypothesis / aims of study

The UroLume<sup>®</sup> Urethral Stent has recently been removed from the market. We have been using this device in the treatment of the difficult to treat, post-prostatectomy urethral stricture since 2001. Herein we describe our experience with this treatment modality showing that it provided a viable option for the devastated, obstructed outlet following prostate cancer treatment.

### Study design, materials and methods

We conducted an IRB approved retrospective study of all men at our facility who underwent placement of the Urolume stent from January 2001- January 2012. Records were reviewed for patient demographics, outcomes and complications. We specifically evaluated urinary continence, ingrowth of the Urolume stent, need for repeat operations and complications related to this treatment including AUS erosion.

### Results

Forty-five men underwent placement of the Urolume stent with an average follow up of 55.8 months. Of these 45, 41 had either simultaneous or subsequent placement of an AUS with an overall continence rate of 35/45 (78%). Ingrowth was seen in 16/45 (36%) and AUS erosion was seen in 8/41 (19.5%). Of the 16 patients treated for ingrowth, the average number of treatments was 2.7 per patient. There was no association between treatment for ingrowth and rate of AUS erosion (p=0.92).

### Interpretation of results

While no longer commercially available, our long term data indicates that the Urolume was a reasonable minimally invasive procedure treatment option for the devastated, obstructed outlet providing a reasonable rate of need for subsequent interventions. When combined with the AUS it also provides a high rate of urinary continence. The alternative open operative reconstructive options have similar limitations with possibly greater morbidity.

### Concluding message

While no longer commercially available, our long term data indicates that the Urolume stent combined with the AUS may be a reasonable option for the devastated, obstructed outlet. It provided a high rate of urinary continence and a reasonable rate of subsequent interventions with a minimally invasive procedure. The rate of retreatment and AUS erosion was higher in this specific population; however, with this difficult reconstructive problem, the alternative treatment options have similar limitations with possibly greater morbidity.

### References

1. Anger, J.T., et al., Anastomotic contracture and incontinence after radical prostatectomy: a graded approach to management. J Urol, 2005. 173(4): p. 1143-6.
2. Elliott, D.S. and T.B. Boone, Combined stent and artificial urinary sphincter for management of severe recurrent bladder neck contracture and stress incontinence after prostatectomy: a long-term evaluation. J Urol, 2001. 165(2): p. 413-5.
3. Milroy, E., Treatment of sphincter strictures using permanent UroLume stent. J Urol, 1993. 150(5 Pt 2): p. 1729-33.

### Disclosures

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