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OUTCOME OF THE ARTIFICIAL URINARY SPHNCTERS (AMS-800) IN A SINGLE **INSTITUTION IN 12 YEARS PERIOD.**

Hypothesis / aims of study

Severe stress urinary incontinence due to intrinsic sphincter deficiency (ISD) is a challenge for Urologists. Artificial Urinary Sphincter (AUS) is currently considered the gold standard treatment. The aim of this study was to assess the outcomes in patients who underwent this procedure.

Study design, materials and methods

A retrospective analysis of all the AUS (AMS-800) implantation in our center between January 1st 2000 and December 31st 2012 was performed. 44 patients underwent 51 implantations.

Results

In 37 cases it was a primarily AUS implantation and in 14 it was a replacement. The mean age was 64,3 (ranged 11-84), and 92% of them were males. The mean follow-up was 77,33 months (ranged 2-224). The main indications for the intervention were sphincter deficiency after radical prostatectomy and neurogenic bladder dysfunction. Of the 26 patients who had previous prostatectomy, 50% were exposed to Radiotherapy.

A 54% rate of continence, defined as "no need of pads" and a 30% rate of mild residual urinary incontinence was found. In only one case the patient had moderate residual urinary incontinence. 35% of the patients had to undergo a reintervention, in 9 cases before 10 months. The immediate reintervention's causes were especially erosion and infection, and the long-term reintervention's ones were mostly mechanism failures and erosions.

75% of the prostatectomized patients who underwent a reintervention had previously received radiotherapy. When analyzing those who received radiotherapy vs those who did not, we found better rates of continence in the radiotherapy group (62% vs 36%), but a higher rate of reintervention (29% vs 0%).



we have observed that in spite of high continence rate (54%) AUS

Concluding message

AUS is the gold-standard treatment for severe sphincter deficiency, but it still has a high rate of complications. Previous radiotherapy is a risk factor for reintervention, but on the other hand, in our study these patients had a better rate of continence.

Disclosures

Funding: No grant. Clinical Trial: No Subjects: HUMAN Ethics not Reg'd: It is a retrospective review of the data we already have. The patients have a signed informed consent of the surgery where we ask them if they allow us to use their data. Helsinki: Yes Informed Consent: Yes