PROSPECTIVE ASSESSMENT OF PATIENT REPORTED OUTCOME MEASUREMENTS (PROMS) IN MALE STRESS INCONTINENCE SURGERY

Hypothesis / aims of study
PROMs provide valuable unbiased patient-based insight into the quality and effectiveness of surgical intervention. We wanted to determine whether PROMs can be used effectively in a prospective assessment of men referred for male stress incontinence surgery with either the Advance Male Sling (Advance) or Artificial Urinary Sphincter (AUS).

Study design, materials and methods
All male patients with stress incontinence referred to our specialist clinic were invited to complete an ICIQ-UI and ICIQ-MLUTS questionnaire at initial consultation, 3 months post-operatively and at subsequent follow-up appointments. All results were analysed using the Wilcoxon sign rank test.

Results
Over a two year period, 64 patients were referred. 17 had AUS, 19 had Advance, 25 await investigations/surgery and 3 declined treatment.

AUS: Mean pre-op scores were 16.28 and 33.7, post-op scores were 4.17 and 11.6, mean reduction in point scores were 11.6 and 16.5 (ICIQ-UI and ICIQ-MLUTS respectively), overall 'success rate' was 92.3%.

Advance: Mean pre-op scores were 15.23 and 24.37, post op scores were 6.2 and 21.05, mean reduction in scores were 8.8 and 6.78 (ICIQ-UI and ICIQ-MLUTS respectively), overall 'success rate' was 63.2%.

There was a statistical difference in pre and post-op scores for both procedures (p<0.01). There was no difference in post-op scores between procedures (p=0.09). There was a greater score reduction with AUS post-op (p=0.03) due to higher pre-op scores (p=0.04) in the AUS group. Patients with pre-op scores of >30 had a greater score reduction with AUS than Advance Male Sling (p=0.01).

Interpretation of results
We found significant differences in outcomes associated with the severity of pre-operative score. In particular, we found that an ICIQ-MLUTs score threshold of 30 may be used as an indicator to guide patients.

Concluding message
PROMs are widely accepted as the most appropriate instruments to assess effectiveness of healthcare intervention, however, there is underutilization in surgical studies. We found PROMS are achievable and useful in our prospective assessment of male stress incontinence surgery.

Disclosures
Funding: NONE Clinical Trial: No Subjects: HUMAN Ethics not Req’d: It is a service evaluation study. No changes were made to patient diagnosis or treatment were made for this study. Helsinki: Yes Informed Consent: Yes