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ADVANCE XP MALE SLING: 3-YEAR FOLLOW UP OF A PROSPECTIVE MULTICENTER STUDY

Hypothesis / aims of study

In recent years, several studies showed the effectiveness and safety of the AdVance sling for the treatment of male stress urinary incontinence (SUI). In 2010 the second generation of Advance, the AdVance XP was introduced with several changes of the sling design and with a new needle shape. Aim of the study was to evaluate the efficacy and safety of the AdVance XP sling in male SUI after radical prostatectomy in a prospective multicenter study.

Study design, materials and methods

In total 115 patients were included. Patients with urine loss while lying, previous incontinence surgery and a coaptive zone <1cm were excluded. Postoperatively, a standardized 24-hour-padtest, quality of life scores (IQOL and ICIQ-UI SF), VAS for pain, IIEF5, IPSS and PGI-score were performed. All patients with 0-5g in the padtest were defined as cured and improved with a reduction of urine loss >50%. Significance analysis was performed with Wilcoxon-test.

Results

Mean preop. urine loss in the pad test was 270.0 g (median 270.0 g). After a follow-up of 3 months (n= 109) 64.2% of the patients were cured and 32.1% improved. Mean urine loss decreased significantly to 36.2 g (p<.001). Mean VAS was 0.5 and mean PGI 1.5.

After a follow-up of 24 months (n= 73) 67.1% of the patients were cured and 23.3% improved. Mean urine loss decreased significantly to 20.6 g (p<.001). Mean VAS was 0.3 and mean PGI 1.5.

After a follow-up of 36 months (n= 36) 72.2% of the patients were cured and 16.7% improved. Mean urine loss decreased significantly to 14.2 g (p<.001). Mean VAS was 0.0 and mean PGI 1.6.

Mean I-QoL and ICIQ-UI SF improved significantly (both p<.001) after 36 months. There were no significant postop. changes in IIEF5 and IPSS. No intraoperative complications occurred. No severe postoperative complications are to be reported. No erosion or explantation occurred.

Interpretation of results

The AdVance XP shows good and stable effectiveness and low complication rates even in a long-term follow-up of up to 3 years. The adequate preoperative patient selection seems to be very important for successful results.

Concluding message

The AdVance XP shows good and stable effectiveness in a follow-up of up to 3 years.

Disclosures

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