A MULTICENTER PROSPECTIVE OBSERVATIONAL STUDY TO ESTIMATE EARLY CHANGES OF CONTINENCE STATUS AND QUALITY OF LIFE IN PATIENTS UNDERGOING ARTIFICIAL URINARY SPHINCTER IMPLANTATION

Hypothesis / aims of study
To assess early changes of continence status and quality of life (QOL) after AMS 800 artificial urinary sphincter (AUS) implantation, a multicenter prospective observational study was conducted.

Study design, materials and methods
Ninety-three male patients who underwent AUS implantation at 4 university hospitals between April 2011 and March 2015 were prospectively registered. Among them, 12 patients who finally underwent AUS revision surgery (removal/replacement) during the observation period (mean, 12 months; range, 3-51 months) were excluded. In the remaining 81 patients, continence status and QOL during the first 12 months after AUS implantation were investigated. The first three questions from the International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) and the number of urinary pads needed per day were scheduled prospectively to estimate the status of incontinence and QOL preoperatively and at 1, 3 and 12 months after surgery.

Results
The scores for the ICIQ-SF items and numbers of urinary pads used were prominently decreased at 1 month after AUS implantation. However, individual scores of ICIQ-SF items such as ‘frequency of leakage’, ‘usual amount of leakage’ and ‘interference with everyday life’ worsened little by little, showing significant deterioration at 3 and 12 months after surgery compared with at 1 month after surgery (a). The mean number of urinary pads used was 1.03 at 12 months, which tended to be larger than the values of 0.88 and 0.84 at 1 and 3 months, respectively, although the difference was not significant (b).

Interpretation of results
AUS implantation markedly decreased patient incontinence and improved QOL. However, patients started to experience deteriorations in continence status and QOL from relatively early after surgery.

Concluding message
Our findings might be helpful in counselling patient undergoing AUS implantation.

Disclosures
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