

Tutolo M¹, Castagna G², Drake M³, Tiruchelvam N⁴, Tikkinen K⁵, Bachmann A⁶, Martinez-Salamanca I⁷, Bozzini G⁸, Bauer R M⁹, Heesakkers J¹⁰, Van Der Aa F¹, Cornu J¹¹

1. University Hospitals Leuven, Dept. of Urology, Leuven, Belgium, **2.** Urological Research Institute, IRCCS Ospedale San Raffaele, Division of Oncology/Unit of Urology, Milan, Italy, **3.** Spire Bristol Hospital, Dept. of Urology, Bristol, United Kingdom, **4.** Spire Cambridge Lea Hospital, Dept. of Urology, Cambridge, United Kingdom, **5.** Helsinki University Central Hospital and University of Helsinki, Dept. of Urology, Helsinki, Finland, **6.** University Hospital of Basel, Dept. of Urology, Basel, Switzerland, **7.** Hospital Ruber Internacional, Hospital Universitario Puerta De Hierro-Majadahonda, Dept. of Urology, Madrid, Spain, **8.** Humanitas Mater Domini, Dept. of Urology, Milan, Italy, **9.** Ludwig-Maximilian University, Dept. of Urology, Munich, Germany, **10.** Radboud University Nijmegen MC, Dept. of Urology, Nijmegen, Netherlands, **11.** CHU Charles Nicolle, Dept. of Urology, Paris, France

DIABETES MELLITUS AND ANTICOAGULANT THERAPY DO NOT INFLUENCE DRY RATE OR SURGICAL REVISION RATE AFTER ARTIFICIAL URINARY SPHINCTER IMPLANTATION FOR POST PROSTATECTOMY INCONTINENCE – RESULTS OF A MULTI-INSTITUTIONAL STUDY

Hypothesis / aims of study

Artificial urinary sphincters (AUS) are the gold standard for the surgical treatment of post prostatectomy incontinence. High revision rates remain the main inconvenient of this therapy. Diabetes mellitus (DM) is a known risk factor for prosthesis infection. Anticoagulant therapy (AC) is a known risk factor for bleeding complications, which in turn, can lead to infection and erosion. In our multi institutional study we investigated whether DM, or AC have a significant impact on dry rate (DR) and surgical revision (SR) rate in patients treated with AUS after radical prostatectomy (RP).

Study design, materials and methods

We analyzed the charts of 916 patients from 15 European centers and 1 American center. All patients underwent surgery between 1993 and 2012. Patient with DM (DM) and healthy patients (noDM) were compared. A second comparison was made in terms of AC therapy (AC vs no AC). Chi-square and Wilcoxon rank tests were used to compare the DR and SR between groups.

Results

The two groups resulted homogeneous at baseline in terms of Age, previous surgery and Time to follow up (mean 2,26 yrs vs 2,76 yrs in DM vs NoDM, respectively) and (2.76 yrs vs 2.84 yrs in AC vs noAC), (all $p > 0.05$). Mean follow up period was 30 months (median 20.4; range 0.5-269). Data on DM were available on 818 pt, and, of them 113 (12,3%) had DM. The presence of DM had no significant impact on SR rate or DR ($p = 0.34$ and $p = 0.22$ respectively). Data on AC were available on 815 pt, and, of them 94 (11,5%) had took AC. No difference was found also when comparing the AC groups in terms of SR and DR (all $p > 0.005$).

Interpretation of results

The presence of AC therapy or DM is not associated with DR or SR after AUS implant in our large multicenter cohort study.

Concluding message

Patients on AC or with DM can be counseled likewise in clinical practice. The large number of patients, multicenter design and adequate follow up strengthen these findings.

Disclosures

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