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PREVIOUS INCONTINENCE SURGERY SIGNIFICANTLY DIMINISHES ARTIFICIAL URINARY SPHINCTER RESULTS: RESULT OF A LARGE MULTICENTER STUDY

Hypothesis / aims of study

The implantation of an artificial urinary sphincter (AUS) is still considered the gold standard to treat post prostatectomy stress urinary incontinence (PPI). This procedure has a high success rate, but also a considerable revision rate. An increasing number of patients will undergo AUS implant as a secondary procedure after failed primary incontinence surgery (PIS) such as male sling, balloons, previous AUS. Very few data in literature present the outcome of AUS in patients already surgically treated for SUI. We investigated whether previous incontinence surgery has an impact on success, defined as dry rate (DR) and efficacy defined as surgical revision rate (SR) after AUS implant.

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. For this study, outcomes of patients with (PIS) and without PIS (controls) were compared; in particular Chi-square and Wilcoxon rank tests were used to compare DR and SR between the two groups.

Results

A total of 224 patients (24.5%) had undergone PIS: ACT balloons (85/224), previous AUS (39/224) or male sling surgery (100/224). No differences in terms of preoperative characteristics (age, DM, anticoagulation therapy) and follow-up (mean 2, 6 vs 2,5 years) were found between groups (all $p > 0.05$). The comparative analyses showed a statistically and clinically significant difference between groups in terms of DR (79% vs 21% in controls and PIS respectively; $p = 0.005$). No difference was found in terms of SR rate ($p = 0.25$).

Interpretation of results

Our results show a highly significant difference in terms of DR in patients that undergo AUS implant after previous incontinence surgery compared to controls. The revision rate does not differ between the two groups.

Concluding message

This finding can be used to counsel patients prior to AUS implant.

Disclosures

Funding: none **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** retrospective study **Helsinki:** Yes **Informed Consent:** Yes