Relationship between secondary diagnoses and clinical results after male re-adjustable sling implantation for post-prostatectomy incontinence


1. Department of Urology. University Hospital of the Canary Islands (Spain).
2. Department of Surgery. University of Salamanca. (Spain).
3. Department of Urology. University Hospital of Salamanca. (Spain).

INTRODUCTION

Given that the inflammatory reaction is an important step in synthetic sling incorporation after stress urinary incontinence surgery, even in post-prostatectomy incontinence (PPI), we aimed to study the effect of chronic inflammatory or autoimmune disorders in the results after implantation of an adjustable male sling.

MATERIAL AND METHODS

Retrospective study of 92 men who underwent implantation of an adjustable male sling due to PPI.

- Group A (n=60): patients who were totally continent after surgery;
- Group B (n=20): patients who were partially continent and needed readjustment;
- Group C (n=12): patients who were incontinent after surgery.

Variables investigated: age, secondary diagnoses with special interest in autoimmune or chronic inflammatory disorders, physical examination, complementary studies, ICIQ-SF questionnaire.

Statistical analysis: descriptive statistics, ANOVA, Student's t-test, Fisher's exact test. p<0.05 was considered statistically significant.

RESULTS

Age was similar in the three groups (average 69.02 years, range 56-82).

All patients were implanted a REMEEX® male adjustable sling (Neomedic, Spain).

Median follow-up: 66.14 months (SD 20, range 10-156).

<table>
<thead>
<tr>
<th>Secondary diagnoses</th>
<th>Continent n=60</th>
<th>Partially continent n=20</th>
<th>Incontinent n=12</th>
<th>Significance p (comparing continent and incontinent)</th>
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</table>

CONCLUDING MESSAGE

✓ Male re-adjustable sling REMEEX® achieves a 61.25% of continence in post-prostatectomy incontinence.
✓ A medical background with inflammation and immune disorders is more frequently found in patients with a worse response to treatment.

REFERENCES