

THE USE OF BULBOURETHRAL SLING IN MEN WITH POST-TRAUMATIC INCONTINENCE, SINGLE CENTER EXPERIENCE

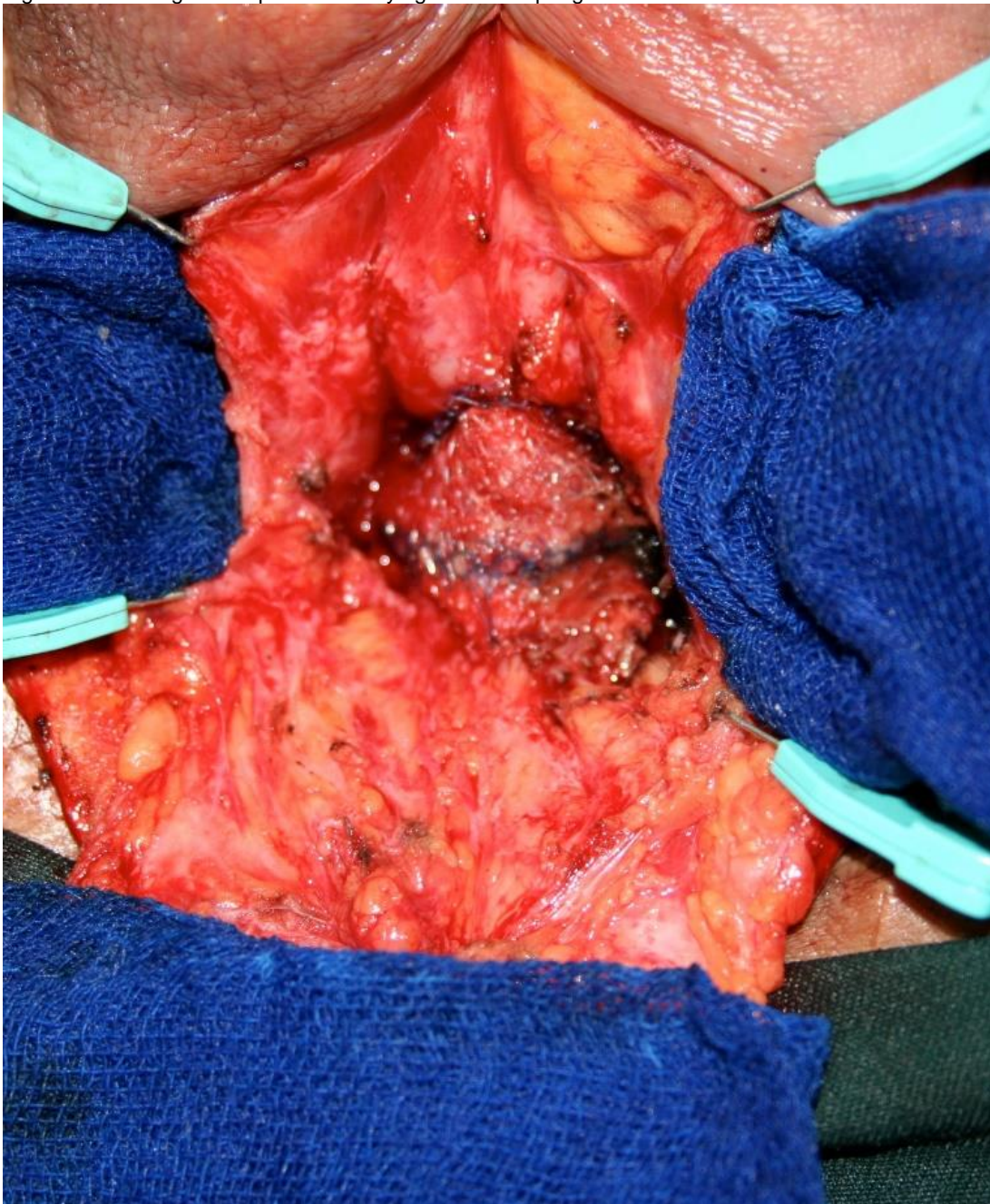
Hypothesis / aims of study

Significant persistent incontinence in our center was reported to be 1.7% (2 out of 104 patients) ¹ Retropubic bulbourethral sling was applied in men with post prostatectomy incontinence with great success ². Herein, we report our experience with the application of the same technique in men with incontinence following reconstruction of urethra distraction injury.

Study design, materials and methods

This is a retrospective study involving men with post- traumatic incontinence. Polypropylene mesh was used for preparation of the sling which was fixed anterior to the rectus sheath using zero nylon sutures at 4 corners (figure 1). Postoperative complications were retrieved from the patients' digital files and were graded according to Clavien-Dindo system. Patients follow up data were analysed including continence. Patient was considered cured if no pads were used, using of only one pad per day was considered as improvement, while treatment failure was defined as using more than one pad per day.

Figure 1: The sling in final position overlying the Bulbospongiosus muscle and bulbar urethra



Results

Fourteen patients were managed by bulbourethral sling for post traumatic urinary incontinence from November 2003 to January 2016. Mean age at time of surgery was 29 (± 10) years, mean BMI was 26. Median time from the initial trauma to the urethroplasty was 5 months (1-85). Median duration of incontinence was 63 months (4-270). All patients suffered severe urinary incontinence necessitating the use of four or more pads per day. 10 patients had history of pelvic fracture (77%). Median follow up duration was 50 months (13-159).

Clavien grade I complication was observed in one patient in the form of perineal wound infection, that was managed by frequent wound care. However, he later developed urethra-cutaneous fistula two months later and required surgical correction.

At the time of last follow up 11 out of the 14 patients (78.6%) were either completely dry or showed significant improvement with only one pad per day (five and six patients respectively). Treatment failure occurred in three patients (21.4%) who used three pads or more daily.

Retightening of the BUS was required in five patients, whereas injectable bulking agent was used in one.

Interpretation of results

The technique of bulbourethral sling in men with significant post-traumatic incontinence is associated with significant improvement and acceptable morbidity

Concluding message

Retropubic bulbourethral sling is both feasible and safe in men with cumbersome incontinence following anastomotic urethroplasty. Adverse events are negligible and success in this difficult- to treat cohort is reasonably high.

References

- 1- Bassem S Wadie, Ahmed Abed, Yasser Othman, Ahmed B Shehab ElDein: Urinary incontinence after anastomotic urethroplasty in adult males and potential treatment. ICS 2016
- 1- Bassem S. Wadie: Retropubic Bulbourethral Sling for Post-Prostatectomy Male Incontinence: 2-Year Follow up. J Urol. 184, 2446-2451, 2010

Disclosures

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