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

Patients 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. Postoperative complications were retrieved from the patients' digital files and were graded according to Clavien-Dindo system. Patients 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.

Results:
Fifteen males were managed by bulbourethral sling for post traumatic urinary incontinence from November 2003 to January 2016. Mean age at time of surgery was 27 years, mean BMI was 26. Median time between the initial trauma and urethroplasty procedure was 5 months (1-85). 10 patients had history of pelvic fracture (77%). Median follow up was 23.3 months (4-93 months). Median pad usage before sling was 6 pads/day. 6 months after surgery, 3 patients were completely dry while 2 had improvement (1-2 pads/day).

Conclusion:
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 reasonable.

References:
Bassem S Wadie et al: Urinary incontinence after anastomotic urethroplasty in adult males and potential treatment. ICS 2016