

761

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SURGICAL MANAGEMENT OF URINARY INCONTINENCE AFTER RADICAL PROSTATECTOMY

Introduction:

Stress urinary incontinence (SUI) affects about 10% of patients undergoing radical prostatectomy, regardless of the technique (open / retropubic, laparoscopic or robotic)

Material / Method:

Treatment options, once failed conservative measures, include: fixed or adjustable slings, compression devices and artificial sphincters. The decision to use one technique or another will depend on multiple factors depending upon patient and surgeon. Basic evaluation of the patient with postprostatectomy SUI should include anamnesis and physical examination, 3 days voiding diary, 24h pad test, urethrocystoscopy and urodynamic study.

Results / Video:

In our unit, after failure of conservative treatment, we use three devices / techniques for the management of these patients:

1. Retrourethral sling AdVanceXP in patients with mild SUI (pad test up to 300 g), with no history of previous radiotherapy and with residual sphincter function demonstrated by urethroscopy and replacement test.
2. Adjustable Reemex Sling in patients with moderate-severe SUI (pad test 300-600 g), mild SUI with previous radiotherapy or patients with severe SUI who do not want / can handle an artificial sphincter
3. Artificial urinary sphincter (AMS 800 or Zephyr) in patients with severe SUI (pad test > 600g) with or without previous radiotherapy

Conclusions:

There are several options for surgical treatment of postprostatectomy SUI. The choice of technique to be employed will depend on the degree of incontinence, urethral / sphincter complex status, cognitive level and patient's manual dexterity.

Disclosures

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