

ADVANCE SLING IN PATIENTS WITH POST PROSTATECTOMY INCONTINENCE WITH I-STOP TOMS: INITIAL RESULTS OF FIRST 13 CASES

Hypothesis / aims of study

In this study, I-STOP TOMS (CL Medical, Winchester, USA) was used to restore the continence by repositioning the bulb of urethra as in AdVance Sling. We aimed to evaluate the efficiency and safety of I-STOP TOMS to reposition the bulb of urethra in patients with post-prostatectomy incontinence.

Study design, materials and methods

Between November 2012 and March 2016, patients, in which I-STOP TOMS was used to provide repositioning of the urethral bulb were included to the study. Patients with a history of neurologic disease, uncontrolled diabetes and pre-prostatectomic urinary incontinence were excluded. All patients were evaluated for maximum flow rate, post micturation residual volume, 24 hours pad test, number of pads used in 24 hours and stress test, preoperatively and during postoperative follow up. Patients were categorized into 3 groups such as severe (>400 g/day), moderate (200-400 g/day) and mild (<200 g/day) incontinence according to preoperative 24 hour pad test.

Results

A total of 13 patients with post prostatectomy incontinence were included to the study. 9 patients had a history of radical prostatectomy and 4 patients had a history of TUR-P. Mean age was 68(59-79). Preoperative, mean urine loss in 24 hour pad test was 212 g(105-420 g/day) and number of pads used was 3.61 pads/day(2-5). Eight patients had stress type incontinence and 5 patients had mix type urinary incontinence. According to 24 hours pad test; 3 patients had severe, 7 patients had intermediate and 3 patients had mild urinary incontinence. After surgery, mean follow up was 19 months.(4-52 months). Postoperatively, 7 patients were dry (totally continent), 4 patients were social continent (<1 pad/day) and 2 patients were incontinent (>3 pads/day). No complications other than self-limiting scrotal hematoma in one patient were observed during postoperative follow up.

Patients	Age	History of Prostatic surgery	Time to sling surgery	Type of incontinence	Preop. 24 hour pad test(gr)	Postop. continence
1	65	RP	13	Stress	200	Dry
2	62	RP	11	Stress	250	Dry
3	64	RP	23	Mix	212	Dry
4	62	RP	42	Mix	270	4 pads
5	65	RP	66	Mix	250	5 pads
6	74	RP	144	Stress	120	Dry
7	64	RP	24	Stress	105	Dry
8	55	RP	72	Stress	110	Dry
9	78	TURP	48	Mix	250	2 pads
10	62	TURP	12	Stress	150	1 pad
11	59	RP	18	Mix	220	Dry
12	79	TURP	240	Stress	420	1 pad
13	77	TURP	72	Stress	300	1 pad

Interpretation of results

AdVance slings restore continence by repositioning urethral bulb. Acceptable continence rates and complication rates were demonstrated in clinical trials with better quality of data collection, analysis and methodology than other sling procedures. In the case of I-STOP TOMS(via urethral compression); different continence rates(30% and 59.2%) were reported previously. In this study, I-STOP TOMS have shown good results if it was used to reposition urethral bulb similar to AdVance sling procedures.

Concluding message

In a mean follow up of 19 months; a different use of I-STOP TOMS to reposition the urethral bulb was shown to have acceptable continence rates and complication rates even better than its original use to provide urethral compression.

References

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2. Crivellaro S, Morlacco A, Bodo G et al. Systematic review of surgical treatment of post radical prostatectomy stress urinary incontinence. Neurourol Urodyn. 2016 Nov;35(8):875-881.
3. EAU Guideline Urinary Incontinence 2017

Disclosures

Funding: Nothing to disclose **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** Data were collected retrospectively ethic committee was not necessary in retrospective studies approval **Helsinki:** Yes **Informed Consent:** Yes