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CAPITAL
LETTERS)BONE ANCHORED SLING FOR THE TREATMENT OF POSTPROSTATECTOMY
INCONTINENCE

Aims of Study This ongoing study is designed to evaluate the effectiveness of a minimally invasive male sling procedure for the treatment of post-prostatectomy incontinent men. The new sling procedure is performed through a perineal approach in which a sling material is fixated by miniature bone screws to the inferior rami of the pubic bone.

Methods Sixteen men underwent the procedure using the *Straight-In™* Bone Screw System (Influence, Inc., San Francisco, CA). Patient's mean age was 67 (56-74). Time after prostatectomy ranged from 1.5 to 5 years. Fourteen patients had urodynamically confirmed stress urinary incontinence while two patients had mixed stress incontinence and detrusor instability. In the lithotomy position and using perineal approach, four miniature screws with preattached no. 1 polypropylene sutures were deployed directly into the inner portion of the inferior rami of the pubic bone. One pair was deployed just below the symphysis on each side, while the second pair was inserted 2-3 cm lower. To support the bulbar urethra, one side of a trapezoid shaped sling was tied tightly over the pubic bone using two pairs of sutures. The Foley catheter was deflated and repositioned at the Fossa Navicularis and a saline perfusion line was connected to the catheter. The bag was lowered until the flow stopped, in order to record urethral resistance. Then, the infusion bag was elevated to increase pressure to 30-50 cm. water and tension was applied to the untied side until the infusion flow stopped.

Results and Conclusions No intraoperative or postoperative complications were recorded. With a follow-up time of 1-10 months (mean 4 months), twelve patients (75%) were cured of their stress incontinence while four patients improved (two of them had preoperative detrusor instability).

This new minimally invasive male sling procedure is safe and effective. Since sling tension is controlled by recording urethral resistance with saline perfusion line, overcorrection and failure are minimal. Further experience is needed to substantiate this procedure as a treatment for post-prostatectomy incontinence.