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MACROPLASTIQUE™ INJECTIONS: HOW EFFECTIVE IS IT FOR STRESS INCONTINENCE IN MALES?

Aims of Study: The efficacy and safety of the use of vulcanised silicone microparticles for injection therapy of genuine stress incontinence (GSI) has not been studied exclusively in males. Although earlier studies have looked at various injectables in females and mixed study groups, none have examined the effectiveness of the treatment in the different types of GSI in males.

Methods: Twenty men with GSI (age range 22-86) confirmed by medium-fill videocystometry were recruited. Incontinence in this group was consequent to TURP (7), bladder neck incision (1), sacrectomy (1), ccongenital lower urinary tract malformation (1), and spinal cord injury (9). Following preliminary cysto-urethroscopy, Macroplastique™ was injected submucosally in a circumferential manner at the level of the external urethral sphincter. One was excluded at that point due to a grossly scarred urethra. Nineteen men were injected, in 1-4 sessions each. The clinical follow-up period has been up to 60 months in this group. A detailed postal questionnaire combined with a telephoned interview assessed the patients' perception of the outcome of the therapy.

Results: Mucosal coaptation was achieved in 17, observed to be better in those with eventual good outcomes. No technical problems were encountered. Two complications occurred: 1 urinary retention and 1 immediate Macroplastique leak. Six were dry following the injection (31.5%) and 6 significantly improved (31.5%), with a mean reduction of daily pad usage by 2 (40%). 7 did not benefit (36.8%); 6 of these were post-prostatectomy patients with significant urethral scarring and rigidity and 1 had a congenital lower urinary tract malformation. These experienced incontinence in the immediate postoperative period. Of these 5 subsequently required insertion of an artificial urinary sphincter (AUS). There was an overall perceived satisfaction rate of 80%; 15 men stated that they would recommend the treatment to others, and would try it again if required to.

Conclusions: Macroplastique injection therapy for GSI in males is simple and effective in selected patients only. Patients with neuropathic bladders who has non-scarred, compliant urethras and in the absence of high detrusor pressures had better results. A rigid, fibrotic, or dilated urethra and unsuppressed hyperreflexia yields poor results. Avoidance of urethral indwelling or intermittent catheterisation postoperatively is preferred, in favour of suprapubic catherisation or spontaneous voiding. Effectiveness is determined by adherence to strict criteria.