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ARTIFICIAL URINARY SPHINCTER IMPLANTATION FOR POST RADICAL PROSTATECTOMY URINARY INCONTINENCE: WHICH FACTORS INFLUENCE PATIENT SATISFACTION?

Aims of Study: Artificial urinary sphincter (AUS) is one of the mainstay therapeutic options available for post radical prostatectomy incontinent patients. This study aims to characterize the factors contributing to long term patient satisfaction after AUS implantation.

Materials: From a database of 131 post radical prostatectomy incontinent patients, 71 were available for evaluation (mean age 72). This group included 29 patients (40.8%) implanted with an earlier version of the AUS-800 and 42 individuals (59.2%) implanted with the newer narrow backed cuff. Information regarding their surgical procedure and follow-up was gathered from a computerized database. Using a standardized telephone questionnaire, patients were inquired as to their degree of continence, complications and satisfaction.

Results: With a mean follow-up of 7.7 years (0.5 to 17 years), 27% wears no pads, while 32%, 15% and 26% wears one pad, 1-3 pads, and more than 3 pads per day, respectively. Revision of the operation was needed in 29% of patients (after a mean of 2.5 years). Fifty-eight percent of patients are very satisfied with the procedure, while 19% and 23% are satisfied, and unsatisfied, respectively. The use of a narrow back cuff correlated with lower rate of revisions ($p=.005$), and with patients degree of satisfaction ($p=0.05$). No correlation was found between narrow back cuff implantation and the number of pads used postoperatively ($p=.958$). Using a stepwise logistic regression, predictors of patient satisfaction were a lower number of pads used postoperatively ($p=.0005$), and a late design of the AUS (narrow-backing cuff, $p=0.028$). The number of revisions and patient age were not correlated with patient satisfaction.

Conclusions: This study represents the third longest follow-up on patients with post radical prostatectomy incontinent patients undergoing AUS implantation. Patients should be informed that complications necessitating device revision might appear late in the course of follow-up. Patient satisfaction is significantly correlated with the degree of continence and with the design of the AUS. Patients remain satisfied even with multiple revisions, as long as their degree of continence is satisfactory.