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Title (type in CAPITAL LETTERS, leave one blank line before the text) TREATMENT OF POSTOPERATIVE MALE URINARY INCONTINENCE USING TRANSURETHRAL MACROPLASTIQUE INJECTIONS
Aims of Study Various materials, including collagen, teflon, and fat, have been used as bulking agents for intrinsic sphincter deficiency in females, but there is very little data available on their efficiency in the treatment of iatrogenic stress urinary incontinence (SUI) in males. Macroplastique is a newer material which consists of textured silicone particles suspended in a liquid gel (polyvinylpyrrolidone). We aimed to test the effect of Macroplastique injection therapy in the treatment of postoperative male SUI.
Methods Twenty-nine consecutive men (mean age 61.5 years, range 52 - 75) suffering from mild to moderate postoperative SUI were treated with outpatient transurethral Macroplastique injections. 2.5 - 5 ml of Macroplastique was injected under local gel anaesthesia to the site of the external sphincter at 5 and 7 o'clock. Twenty-six of them had undergone radical prostatectomy, 2 TURP and 1 cystoprostatectomy. Patients suffering from detrusor instability or voiding difficulties were excluded. Assessment involved a standardised one hour pad test and the patient's own subjective evaluation of the severity of incontinence. This was graded from 0 to 3 where 0 meant that leaking took place all the time and 3 that patient was completely dry. Assessments were made prior to injection and again at three months following each injection. Macroplastique injection therapy was repeated 1-3 times if the initial treatments were not curative.
Results Mean pad test loss was 35 ml \pm 10.6 at the baseline. After the first injection 5 patients were completely dry, 11 improved and in the rest no improvement was achieved. Twenty patients underwent the second injection therapy after which 4 more patients became completely dry and in 2 patients the continence improved significantly. Eleven patients underwent the third injection therapy after which 5 more patients were completely dry. Only 3 patients did not get any subjective or objective benefit of the injections and 2 of them did not get any benefit from the fourth injection. The total volume of injected Macroplastique ranged from 2.5 to 13.5 ml (mean 7.1 ml). Majority of the patients suffered from some dysuria following injection therapy but there were no significant side effects.
Conclusions The preliminary results of endoscopic treatment of mild to moderate postoperative SUI in males with outpatient Macroplastique injections are encouraging. To achieve satisfactory result repeated injections are needed. In this way obstructive complications can be avoided. Longer follow-up and comparative studies are needed to document the extended duration to other treatment modalities of postoperative SUI.