

EFFICACY OF MALE SLINGS PLACED WITHOUT THE USE OF RETROGRADE PERFUSION PRESSURE**Aims of Study**

Fascial slings have been employed to treat female stress urinary incontinence with high cure rates and excellent durability. Stress urinary incontinence (SUI) affects significant numbers of men following radical prostatectomy and spinal cord injury. Recently, there has been increasing interest in perineal slings for the treatment of male SUI. Male sling studies that have been presented thus far have used retrograde perfusion pressure (RPP) of 50-70 cm H₂O to determine the tension of the sling. We present our clinical experience with male slings without the use of intraoperative RPP.

Methods

21 men underwent placement of the perineal sling for stress urinary incontinence. 19 men were incontinence following radical prostatectomy; 2 had incomplete spinal cord injuries. A 3-4 cm midline perineal incision is used to expose the inferior pubic rami with minimal midline dissection. The bone anchors pre-loaded with #1 prolene suture are placed into each pubic rami with the superior most anchors placed cephalad from where the urethra emerges from under the pubic symphysis. A 4x7 cm sheet of cadaveric dermis is used for the sling. The dermis is trimmed appropriately so that the sling is placed on tension and a flat backboard results when the sling is tied down to the anchors on the rami.

Results

21 patients (95%) were discharged within 23 hours. Operative time averaged 63 minutes. Immediate continence was noted in all patients. At 18 months, 62% of patients were dry or experienced minimal SUI. Perioperative complications included one case of transient urinary retention and one case of prolonged pubic pain with no instances of infection, erosion, or de novo voiding dysfunction. Patient satisfaction with the procedure was 88% at six months. Our results are comparable to the previously published studies.

Conclusions

Early experience with the male perineal sling compares favourable with other treatments for male SUI. The use of RPP in the placement of the male sling may not be necessary as long as the sling is placed appropriately without laxity. Longer follow-up is necessary to determine the durability of this minimally invasive treatment.