

PERINEAL COMPOUND URETHRAL SUSPENSION: A NEW OPERATIVE TECHNIQUE FOR POST PROSTATECTOMY URINARY INCONTINENCE

Aims of Study

Several sling procedures have been proposed in the past (1-3). However, due to durability and maintenance of the chosen material, fixation and applied tension, only a few techniques fulfilled long term requirements. We evaluate the efficiency of a new compound bulbourethral sling procedure in patients with severe postradical prostatectomy incontinence.

Methods

Compound perineal suspension had been performed in 11 consecutive patients. 4/11 (36%) of the patients were severe incontinent (diapers or condom catheter). In regional anesthesia, perineal skin was longitudinally incised and the bulbar urethra dissected. A non resorbable porcine skin collagen implant was then sutured onto the bulbospongiosus muscle and a suburethral, 4cm wide polypropylen sling retropubically placed. Tension was regulated until there was no urinary leakage coughing. Additionally, intraoperative retrograde urethral closure pressure was monitored. Tension was accepted when urethral closure pressure was at least 50cm H₂O. Finally the suprapubic polypropylen sling ends were tightened over a transverse skin incision within the distinctively applied sling tension.

Results

Preoperative urethroscopy excluded detrusor instability and urethral stricture. 4 intraoperative bladder perforations healed without complications. No intra- or postoperative bleeding occurred and all perineal and suprapubic wounds healed primarily. Clinical follow-up was performed maximally after 14 months postoperatively. 7/11 (64%) of the patients were totally dry after catheter removal, 2/11 (18%) of the patients had an improve, while 2/11 (18%) of the patients had no operative benefit and underwent artificial sphincter procedure.

Conclusions

Perineal compound urethral suspension is a new operative option in patients with severe urinary continence. As morbidity and infection rate seem to be low, this new technique may become an alternative to the artificial urinary sphincter. Further controlled studies and long time observation are necessary to elucidate the specific contribution of the perineal compound urethral suspension in restoring urinary continence after radical prostatectomy.

References

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