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PERINEUM-INGUINAL SLING FOR STRESS URINARY INCONTINENCE IN MALE

Synopsis of Video

Incontinence after radical prostatectomy is a matter involving both patient and urologist. If a man is hardly suitable for urine leakage and pads, the urologist is also disappointed because he has very few to offer to cure. Physiokinesy does not help much, injectables has short time effectiveness. Artificial sphyncter may be complicated foe elderly. ReMeEx device already experienced in female, proved effective also in male. Implanted by a perineum inguinal approach. A soprapubic incision will receive the varitensor and the needles with the sling's suture, by a perineum-inguinal approach. Perineal incision and careful dissection as far as the bulbar-cavernous muscle that is preserved intact on the urethra. The sling is inserted and fixed under the muscle. By piercing abdominal fascia and keeping off the testis, the needles take up the suture of the sling. The sutures are connected to the varitensor and ligated. The operation ends with closures. The day after, the regulation of the tension is performed under phluoroscopy to obtain continence together with an easy micturition without residual or obstruction. The manipulator is removed with easy reinsertion for eventual future regulations. As in this case, in office, under local anaesthesia. The bladder is filled and under Valsalva, the tension is readjusted turning the manipulator 1 mm. each 4 turns, till the leakage stops, maintaining a normal voiding function.

In these patients neither urethral morphology nor its inside are modified. Urethral pressure profile (UPP) is poorly increased perhaps Valsalva leak point pressure (VLPP) is more favourly changed. Netherless the patient are continent with an easy micturition.