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ADJUSTABLE CONTINENCE THERAPY (PROACT), A NEW THERAPY OF THE MALE STRESS URINARY INCONTINENCE: 1 YEAR FOLLOW UP.

Hypothesis / aims of study
The incidence of the male stress urinary incontinence (SUI) status prostate surgery is reported in 2-40%. The only surgical therapy that showed good efficacy is the artificial urinary sphincter (AUS). However this procedure is associated to a high reoperation rate. The aim of this study was to assess the results at 1 year of follow up of a new mininvasive surgical technique called Pro ACT (adjustable continence therapy).

Study design, materials and methods
The Pro ACT is a new antiincontinence device. A balloon, a port and a tube of connection are the components of the Pro ACT. It is percutaneously implanted at the bladder neck or at the prostate apex and is postoperatively adjustable. From September 2000 to March 2005 75 males underwent to the procedure. The mean age was 56.5 years (range 29-83). The SUI was due in 68 cases to radical retropubic prostatectomy (16 of those patients received radiotherapy after surgery), in 3 cases to TURP, in one case to prostatectomy for benign prostatic hypertrophy and one case to congenital incontinence associated with bladder etrophy and epispadya. The urodynamic exam revealed SUI due to intrinsic sphinteric deficiency for all the patient. The efficacy has been assessed by average number of pads used a day, quality of life questionnaires (I-QOL ,Wagner, Urology 1996), Visual analogical scale (0-100%) and overall impression on the result of the surgery (Dry, Improved, Same).

Results
Mean follow up was 13 months (range 1-55). 30 patients had a follow up longer than 12 months and were evaluated to assess the results.

- 16 patients (52%) were dry, 7 patients (22%) were improved.
- The average increase in the I-Qol score was of 60 points.
- The average improvement was of 70%.
- The average number of adjustments after the surgery was 1.6.
- The average number of pads used was decreased from 4.45 to 1.62.
- Complications included migration of both the balloons in the bladder in 10 over 75 patients (7%). 7 of those patients received previous radiotherapy. In all these cases both the device have been quickly removed in local anesthesia and in 8 cases the Proact was successfully replaced 1 month later.

Interpretation of results
The ProACT is a new surgical therapy for the male sui. 78% of the patients were dry or substantially improved at 1 year follow up. The device is well accepted from the patients because it doesn't require any manual dexterity for it's deactivation during micturition, as the AUS does. The rate of perioperative complications is low, and all the complications are easily managed because of the possibility to remove the Pro ACTs deflating the balloons.

Concluding message
The Pro ACT is a new, minimally invasive surgical therapy for male stress urinary incontinence. This technique is easy, quick and associated with a low rate of complications and a satisfactory rate of success.