Hypothesis / aims of study
Slings have been successfully used in the treatment of male stress urinary incontinence (SUI); however, in many situations the sling may have either an excess or lack of tension producing voiding difficulties or urinary leakage persistency. The effectiveness of a readjustable sling for the treatment of male SUI has been evaluated.

Study design, materials and methods
Between October 2001 and August 2004, 36 male patients with SUI, ages 58 to 81, were prospectively operated using a readjustable sling (Remeex ®) at 7 different hospitals from Spain (2), Italy (2), Greece (1), Germany (1) and Portugal (1). Origin of incontinence was radical prostatectomy in 31, TUR in 3 and open prostatectomy in 2. Duration of incontinence ranged from 1 to 10 years with an average of 3.5 years.

Results
All patients were regulated during the early postop, 25 patients required a second regulation under local anaesthesia between 1 to 4 months after surgery and 4 other patients required more than one delayed regulation. After that 28 patients wear no pads (77.8%) while other four cases showed important improvement (11.1%) and only three patients remain unchanged (8.3%). Two patients are waiting for readjustment, one very improved patient voluntarily rejected a new regulation and other non improved patient was rejected due to a cerebrovascular accident. The average follow-up time was 20 months (1 to 34 months). There were a 5.5% of uneventful intraoperative bladder perforations at the postop. There were three mild perineal haematomas and most patients feel perineal discomfort or pain which was easily treated with oral medications.

Interpretation of results
The MRS implant system appear to be of benefit in the management of post-radical prostatectomy incontinence in patients with a milder and severe incontinence.

Concluding message
This original treatment allows postoperative readjustment of the sling tension at the immediate or mid-term postoperative period showing up encouraging midterm results without significant postoperative complications.