

**465**

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## **MALE REMEEX SYSTEM (MRS) FOR THE TREATMENT OF STRESS URINARY INCONTINENCE: A MULTICENTRIC TRIAL**

### 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.