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TREATMENT OF MALE URINARY INCONTINENCE WITH MALE SLING: LONG TERM FOLLOW-UP

Hypothesis / aims of study

After the PSA exam, the number of patients with localized prostate tumor increase. Consequently, several patients were submitted to radical prostatectomy and the prevalence of urinary incontinence

The urinary incontinence is the most uncomfortable complication of radical prostatectomy. One of the acceptable treatment in nowadays to this complication is the bulbourethral sling.

The aim of this study is analyze the long term result of sling procedure and the impact on the Quality of Life (QoL).

Study design, materials and methods

Twenty nine bulbourethral slings were performed from September 2001 to august 2005. Seventeen patients were followed for at least twelve months. These patients were evaluated with clinical examination, voiding diary, conventional urodynamic study and cystourethrogram to exclude urethral stenosis. The efficacy and treatment satisfaction were evaluated with International Consultation on Incontinence Questionary – Short Form (ICIQ-SF) validated to Portuguese Language.

All patients have intrinsic sphincter deficiency and the valsalva leak point was measured preoperatively. Patients with detrusor hypocontractility, bladder outlet obstruction and urethral stenosis were excluded. Patients that needs more than one pad per day was considered failure.

The slings used were Argus®, Invance® and polypropylene mesh anchored in pubic rami.

The patients were followed prospectively, every three months in the first year, semestrally in the second year and annually after.

Results

The mean follow-up was 27.5 months, ranging from 13 to 43 months. Seventeen patients were followed for a year, fourteen for two years and seven for three years.

Indication for procedure was urinary incontinence after radical prostatectomy (12cases), transurethral resection prostatectomy (TURP) to benign prostatic hyperplasia (03 cases), retropubic prostatectomy (01 case) and myelomeningocele with sphinctheric insufficiency (01 case).

The bulbourethral slings performed were eleven bone anchored with polypropylene mesh, ten Argus® and three Invance®. There were three reoperations because the sling failure, one Argus® broke one of the columns and need to be changed, one bone anchored sling and one Invance® was adjusted.

After one year 70 % of this patients were continent, but after two years 64.2 % maintain the results and after three years only 57.1% remain continent.

Valsalva leak point of patients that become continent range from 25 to 110 cmH20 (mean 73) and the patients whose the sling fail range from 52 to 94 cmH2O (mean 63).

The most common complication was perineal pain (64%), but it subside in approximately three months. There was one case that the bladder was perforated by the needle, but it was recognize intraoperatively and repassed appropriated, the Foley catheter was left for seven days. There were three cases of outlet bladder obstruction after sling procedure and need intermittent clean catheterization.

The preoperatory QoL range from 16 until 20, mean 18. Those patients that become continent improve the QoL range 0 to 13 (mean 8) but the patients that continues incontinent don't improve the QoL.

Interpretation of results

In this study, some patients that was initially dry, with the follow-up become incontinent again, maybe it can be explain due urethral fibrosis or atrophy that prevent adequate urethral compression.

The ICIQ-SF translated to Portuguese language was used to evaluate the QoL and it seem a adequated instrument to determine the efficacy and satisfaction of treatment.

Concluding message

In conclusion, the sling has low morbity and the results decrease in long term follow-up. The patients that become continent improve the Quality of Life.

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