

INVANCE® BONE ANCHORED MALE SLING FOR POST-PROSTATECTOMY INCONTINENCE

Hypothesis / aims of study

We reviewed our experience with patients undergoing the bone anchored male sling.

Study design, materials and methods

A retrospective chart review was performed. Success was defined as wearing 1 thin pad or less per day. Variables such as severity of incontinence, age, urodynamic findings and intraoperative flow pressures were analyzed for success and risk of failure. The 7-item International Prostate Symptom Score and 8-item incontinence quality of life questionnaire (IQOL-Q) (included number of pad/day, size of the pad, timing of incontinence, impact of incontinence on daily and social activities, on patient mood and voiding) were used to assess the outcome. Mean time after radical retropubic prostatectomy was 35.45 months (range 17-85 months). Of the 12 patients 10 had urodynamically confirmed stress urinary incontinence, while 2 had mixed incontinence with stress incontinence and detrusor instability.

Results

A total of 12 incontinent men, with a mean age of 66 years (range 59-76), underwent perineal bone-anchored male sling placement for post-prostatectomy incontinence. With a mean follow-up of 41 months (range 39 to 46), only 20% of patients were completely dry and 7 had improved 50% or more compared with before surgery (table 1). Perineal inflammation and infectious drainage occurred in 10 patients and excisions of the sling were performed in 8 patients with a mean follow-up of 20 months (range 1 to 42). Results were shown on Table I.

	Preop	Postop 1st month	Before InVance® MS excision
IQOL-Q	15,18	6,73	13,4
Pad pre day	1,91	0,91	1,8

Table 1: Success rates of bone anchor male sling according to the IQOL-Q and pad per day

Interpretation of results

These results are not as encouraging as previous reports (1-3). Local complications of InVance® bone anchor male sling has been resulted excision of the sling material and worsening of patient symptoms.

Concluding message

Patients should be informed of the possibility of progressive failure with time and the occurrence of significant perineal inflammation, which will cause excision of the sling.

References

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3. Madjar S, Jacoby K, Giberti C, Wald M, Halachmi S, Issaq E, Moskovitz B, Beyar M, Nativ O. Bone anchored sling for the treatment of post-prostatectomy incontinence. J Urol. 2001 Jan;165(1):72-6.

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CLINICAL TRIAL REGISTRATION: This clinical trial has not yet been registered in a public clinical trials registry.

HUMAN SUBJECTS: This study was approved by the Marmara University School of Medicine Ethics Committee and followed the Declaration of Helsinki Informed consent was obtained from the patients.