

MALE SLING VERSUS ARTIFICIAL URINARY SPHINCTER: WHICH DEVICE SHOULD WE CHOOSE?

Gonzalez MI, Esquenazi G, Jaunarena JH, Zubieta ME, Favre GA, Tejerizo JC

Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

ABSTRACT

Hypothesis / aims of study

To compare functional outcomes between patients who received an artificial urinary sphincter (AUS) or a male sling for male urinary incontinence (UI).

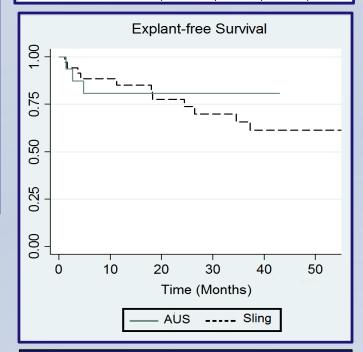
	54)	17)	37)	р
Success rate, n (%)	37 (68.5)	13 (76)	23 (62)	0.46
Zero pad use, n (%)	17 (31.5)	9 (53)	8 (22)	0.02
Median pad decrease, n	3	5	3	0.009
Postoperative pain, n (%)	19 (35)	2 (12)	17 (46)	0.01
Readjustment, n (%)	19	-	19 (51)	-
Explant, n (%)	15 (28)	3 (18)	12 (32)	0.33

Global (n= AUS (n= Sling (n=

METHODS

- Retrospective study between July 2010 and August 2017.
- AMS800® AUS (Boston Scientific, Marlborough, USA) and Argus® Male Sling (Promedon, Cordoba, Argentina).
- <u>Success definition</u>: completely dry or 1 small safety pad per day after surgery.

RESULTS							
	Total (n=54)	Sling (n=37)	AUS (n=17)	р			
Age, median (range)	68 (63- 71,25)	68 (62,5- 72)	69 (64- 71,5)	0.8			
Severe incontinence, n° (%)	27 (50)	15 (40)	12 (70)	0.04			
Obesity n° (%)	18 (33,3)	10 (27%)	8 (47,1)	0.21			
Diabetes, nº (%)	6 (11,1)	2 (5,4)	4 (23,5)	0.16			
Pelvic Radiotherapy, n° (%)	19 (35,2)	10 (27)	9 (52,9)	0.07			
Urethral Surgery, n° (%)	23 (42)	14 (37)	9 (52)	0.37			
Incontinence Surgery, n° (%)	13 (24)	8 (21)	5 (29)	0.28			
Etiology of Incontinence, n (%)							
Radical Prostatectomy, n (%)	33 (61)	22 (59)	11 (65)	0.55			
Retropubic Adenomectomy, n (%)	7 (13)	4 (11)	3 (18)	0.41			
TURP, n (%)	6 (11)	5 (14)	1 (6)	0.65			
Other (trauma, neurogenic, post-radiotherapy), n (%)	8 (15)	6 (16)	2 (12)	1			



CONCLUSIONS

- Success rates did not differ significantly between patients who received a male sling or an AUS.
- AUS patients had significantly higher zero-pad rate and pad-use decrease, less postoperative pain and need for secondary procedures, providing a higher impact on UI control.
- AUS has better long-term outcomes than the male sling as a result of lower reintervention rates and better continence control.

REFERENCES

- 1. Hüsch T, Kretschmer A, Thomsen F, Kronlachner D, Kurosch M, Obaje A, et al. Risk Factors for Failure of Male Slings and Artificial Urinary Sphincters: Results from a Large Middle European Cohort Study. Urol Int. 2017;99(1): 14–21.
- 2. Santos ACSD Junior, Rodrigues L de O, Azevedo DC, Carvalho LM de A, Fernandes MR, Avelar S de OS, et al. Artificial urinary sphincter for urinary incontinence after radical prostatectomy: a historical cohort from 2004 to 2015. Int Braz J Urol. 2017 Jan;43(1):150–4.
- 3. Hübner WA, Gallistl H, Rutkowski M, Huber ER. Adjustable bulbourethral male sling: experience after 101 cases of moderate-to-severe male stress urinary incontinence. BJU Int. 2011 Mar;107(5):777–82.
- 4. Van Bruwaene S, De Ridder D, Van der Aa F. The use of sling vs sphincter in post-prostatectomy urinary incontinence. BJU Int. 2015 Sep;116(3):330–42.