89: SINGLE-INCISION TECHNIQUE TO IMPLANT AN ARTIFICIAL URINARY SPHINCTER IN MALE PATIENTS

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HYPOTHESIS / AIMS OF STUDY
The artificial urinary sphincter Zephyr ZSI 375 has two components. There is the cuff around the bulbar urethra and the pump-/tank-system to be implanted into the scrotum. The technique which had been described in the information for use (IFU) of the producer was a two-incision procedure with a perineal and an inguinal access. The question was if it is possible to implant the system with only one perineal incision.

RESULTS
The new implantation technique was performed in 57 patients. The average incision-suture-time was at 27 minutes. In 3 patients there was in scrotal hematoma prolonging the hospital stay but did not lead to further interventions. Two of these three patients had an indisconnectable thrombocytes function inhibitors therapy. In 3 patients a adjustion of the pressure was undertaken in the follow up time between 3 and 22 months. 2 patients had urethral arrosions, 1 a scrotal skin arrosion and were explanted. All remaining are in situ and functioning well.

METHODS
The bulbar urethra is accessed by a perineal incision, completely mobilised and surrounded. Here the curved cuff is placed and closed to the appropriate size. The equilibration of pressures is watched and adapted. Then a canal is digitally carved beyond the left spermatic cord returning to the middle of the scrotum. The pump-/tank system is placed in this subdartos pouch and the wound is closed.

INTERPRETATION OF RESULTS
The "single-incision"-implantation-technique for the Zephyr ZSI 375 artificial urinary sphincter is a quick and safe procedure and does not produce additional side affects as known from the recent techniques.

CONCLUSIONS
Long term results have to be expected - we will report ours.

REFERENCES
Kretschmer A, Hüsch T, Pottek T et al: Complications and Short-Term Explantation Rate Following Artificial Urinary Sphincter Implantation: Results from a Large Middle European Multi-Institutional Case Series. Urol Int 2016;97:205-211