The Adjustable Male Sling Can Be Successfully Implanted by Transobturator Approach for Treating Post-Prostatectomy Urinary Incontinence. Surgical Technique and Early Results of a Multicenter Trial

Synopsis of Video

Male Incontinence

Aim

To show the detailed technique used for implantation, the transobturator approach of the adjustable male Sling (ARGUS T™·PROMEDON SA) and its early results.

Patients and Methods

37 patients with Urinary Incontinence (UI): 30 patients with post-radical prostatectomy urinary incontinence (PRP-UI), and 7 post-adenomectomy, from 5 centers were included between November 2007 and August 2008. 2 of them also received radiotherapy for the treatment of prostate cancer. 6 of the 37 had undergone previous unsuccessful anti-incontinence treatment: Suprapubic Argus:1, Pro Act: 3, bulking agent: 2.

The mean age was 69 years (58-81). Till March 2009 the mean follow-up was 10 months (7-19) the patients underwent a complete urologic evaluation including a validated International Consultation on Incontinence Questionnaire (ICIQ–SF), (0-21). The 24-hour pad test classified the incontinence as severe: > 400gr or gravitational, moderate: 100-400g or mild: < 100gr; the Visual Analogue Scale (VAS): (0= not bothered – 10= severely bothered), Urethrocistoscopıy, and Urodynamic test: filling, emptying, including the valsız valve abdominal leak point pressure (ALPP) without urethral catheter, and the retrograde urethral pressure (RUP).

The results will be expressed globally as dry patients: without any pads (or one for daily protection). Improvement: 1 pad a day, and Failure: 2 or more pads daily or sling removal. The Surgical technique are exposed in detail in this video.

Results

The degree of incontinence of the 37 patients was: severe in 29, moderate in 7, and mild in 1. The ICIQ-SF changed from 18.81 (12-21) to 3 (0-21), the Pad test and the preoperative ALPP were 1182gr (100-2880) and 46.2 cm of water (4-92).

The VAS and RUP changed pre- to post-operatively from 8.9 to 2 and from 16.9 to 35.2 cm of water, respectively. Overall, the results the Dry, Improved and Failed were: 28 (75.7%), 5 (13.5%) and 4 (10.8%), respectively. 4 patients failed: 1 due to infection and removal of the Sling, 1 case with the sling “in situ” use 2 or more pads/day, and 2 because during the readjustment they did not reach a pressure higher than 20 cm of water.

5 patients needed to be readjusted: 1 deadjustment resulted improved and of the 4 adjusted 2 resulted dry and the other 2 failed.

Complications

2 patients infected in the immediate post-operative period (7 to 15 days)
1 patient with perineal pain, improved before 30 days with common analgesics.
2 patients had acute urinary retention, 1 patient improved after sling loosening,
1 (dry) patient continues with clean Intermittent Self-Catheterization 4 months before restarting with spontaneous voiding without residual urine and maintaining its dry condition.

Conclusion

In this short term follow up, the transobturator approach for ARGUS T have demonstrated that this adjustable male sling can be used with efficacy and safety (89% Dry + Improved) with an acceptable rate of complications.

Concluding message

The obvious advantages of harmlessness, easy to perform, and short learning curve makes the transobturator approach very provocative. Long term follow-up is necessary to confirm these encouraging early results.

Specify source of funding or grant None
Is this a clinical trial? Yes
Is this study registered in a public clinical trials registry? No
What were the subjects in the study? HUMAN
Was this study approved by an ethics committee? Yes
Specify Name of Ethics Committee Hospital Durand Ethics Committee
Was the Declaration of Helsinki followed? Yes
Was informed consent obtained from the patients? Yes