ADJUSTABLE TRANSOBTURATOR SLING (ARGUS T®) FOR THE TREATMENT OF POST RADICAL PROSTATECTOMY URINARY INCONTINENCE (PRPUI)

Synopsis of Video
The video describes the surgical implantation of the Argus T® in a patient suffering of incontinence after radical prostatectomy. Argus T is an adjustable male sling developed for the treatment of post prostatectomy urinary incontinence.

Hypothesis / aims of study
Urinary incontinence is one of worst long time complications of radical prostatectomy. Currently the AUS sphincter is considered the gold standard treatment for this condition. However many men seek a simpler and cheaper treatment option. Slings may be an alternative to treat PRPUI but they can be accompanied of bladder perforation as well as lack of continence with the time. The Argus T uses a transobturator approach making easier and safer the sling placement and allowing late postoperative adjustments.

Study design, materials and methods
In this video we show the Argus T placement in a patient suffering of PRPUI. We show the urethral dissection and the identification of the correct place to insert the sling just lateral to the urethra and medial to the pubic bone. The insertion of cavernous corpora in the pubic bone is also identified to avoid its perforation during the sling placement. We also show the landmarks for needle insertion. They should be in the sulcus between the leg and perineum 3 to 4 centimeters bellow the major adutor muscle insertion in order to reach the high medial portion of the obturatorium foramen avoiding the neurovascular brundle located laterally. Finally we demonstrate the fascial adjustment using a retrograde urethral profilometry pulling the sling columns until a pressure of 30 to 35 centimeters of water is reached. The patient is kept with a urethral catheter for one day and discharged overnight.

Results
Our initial experience involves 10 aptients suffering from PRPUI due to sphincter deficiency demonstrated by urrodynamics. Preoperative pads use ranged from 2 to 5 (mean= 3.5) pads a day. All the patients had a preoperative poor quality of life evaluated by an analogue scale. The surgical procedure was uneventfull in all patients. With a mean follow up of 10 months eight patients are dry or wearing one pad a day. Two of them required postoperative adjustments. There was a dramatic improvement in quality of life. One patient who required simultaneous urethrotomy developed erosion of the device.

Interpretation of results
Argus T is a safe as we did not have any major surgical complication. The procedure is effective in about 80% of the patients. Our population included severe incontinent patients as demonstrated by patients even in severe incontinent patients. The possibility of postoperative adjustment is very important to reach these continence rates.

Concluding message
Argus T is a safe and effective treatment for PRPUI in a limited follow up. The possibility of postoperative adjustments seems to be mandatory in order to reach good continence rates. A longer follow up is necessary in order to determine if this should be the first line procedure to treat PRPUI patients.