

## 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 below the major adductor muscle insertion in order to reach the high medial portion of the obturator foramen avoiding the neurovascular bundle 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 patients suffering from PRPUI due to sphincter deficiency demonstrated by urodynamics. 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 uneventful 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.

<b>Specify source of funding or grant</b>	<b>The video was supported by Promedon</b>
<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>Yes</b>
<b>Specify Name of Ethics Committee</b>	<b>Ethics Committee - Hospital das Clinicas Sao Paulo University - Brazil</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>Yes</b>