

## Longevity of Artificial Urinary Sphincters for

# Post Prostatectomy Incontinence Abstract #357

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## **Hypothesis / Aims of study**

For a patient undergoing radical prostatectomy one of their main concerns is whether they will develop urinary incontinence following their procedure.

20% of patients will have bothersome urinary incontinence at 12 months post procedure (1)

Artificial urinary sphincter (AUS) remains the standard treatment for moderate-to-severe post prostatectomy incontinence (PPI) (2)

Aim: to report updated outcomes for our cohort of men undergoing surgical treatment of PPI.

## Study Design, Materials and Methods



Male patients undergoing primary AUS insertion for post prostatectomy incontinence



Primary AUS insertion between 1 January 2007 and 31 October 2022



Single tertiary referral centre in UK, AUS procedure done by one of three primary surgeons, with AMS 800<sup>TM</sup> = implanted device



Patients undergoing re-do implants with primary insertion performed at a different centre

Patients lost to follow up

#### **Outcome Measures**

#### PRIMARY OUTCOME MEASURES



Improvements in continence as measured by pads per day (ppd) usage

Lifespan of the primary implanted AUS device

#### SECONDARY OUTCOME MEASURES



Rates of:

Post-operative complication within 28 days Infection or erosion of the device Device failure

#### **Results: Population**



**152 men** had primary AUS insertion in study period with mean age **67.16 years** 

Mean **follow up 5.7 years** (0.14-14.15) 17 men deceased at time of review/last follow up



**39 men** (25.66%) had received radical or adjuvant **radiotherapy** as well as prostatectomy

Type of prostatectomy	Number of patients	%
Open	27	17.8
Laparoscopic	51	33.5
Robotic	74	48.7

**Table 1.** Prostatectomy Surgical Technique

#### **Results: Outcomes**

#### **Primary Outcome Measures**

#### **Outcome 1: Continence rates**

- Mean pads per day (ppd) Pre op 4.1 Post op 0.8
- Reduction statistically significant p<0.02</li>
- Post op: 70 patients required no pads, 19 patients used a safety pad and 34 patients used 1 pad
- = social continence rate of 80%

#### **Outcome 2: Longevity of device**

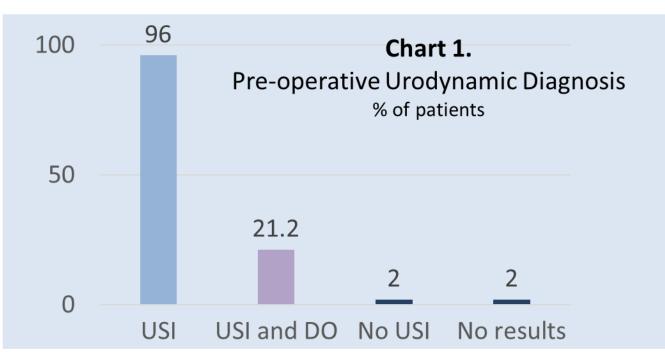
- 38 patients (25%) revision or removal of their device
- Average time to revision/removal was 3.8 years
- 14 devices still in situ, 66 (57.9%) >5 years and 20 (17.5%) >10 years

## **Discussion**

- Over 80% of our cohort were socially continent (0-1 ppd)
- 75% of original devices were still in situ at the time of this review
- Radiotherapy prior to AUS insertion does not appear to affect the infection/erosion rate in our cohort
- Over half of primary implants are still in place at 5 years, but this drops to 17.5% over 10 years
- Mean age at primary AUS of 67 years and average life expectancy of a man in the UK is 79 years [3] so most patients will require at least 1 replacement device
- In patients with symptomatic urinary incontinence following prostatectomy, who give a clinical history of stress associated leakage, then urodynamic testing is highly likely to confirm the diagnosis, but >20% rate of concomitant detrusor overactivity

#### Number of **Secondary Outcome** % patients **Complication within 28d** 14 9.2 **AUR** 5.9 Scrotal haematoma 1.3 Seroma 1.3 Epididymo-orchitis 0.7 Infection\* 13 8.6 9.2 14 **Erosion\* Device Failure** 20 13.2

**Table 2.** Secondary Outcome Rates (\* 8 = combination infection & erosion)



#### **Conclusions**

- Artificial urinary sphincter insertion remains the mainstay of surgical treatment for post prostatectomy incontinence
- AUS insertion has excellent continence levels following implantation
- More than half of devices last over 5 years, and rates of immediate post operative complications and later rates of infection and erosion of devices remain low

## References

- 1) Haglind, E., et al. Urinary Incontinence and Erectile Dysfunction After Robotic Versus Open Radical Prostatectomy: A Prospective, Controlled, Nonrandomised Trial. Eur Urol, 2015. 68: 216.
- 2) Cornu, JN et al. EAU Guidelines on non-neurogenic male lower urinary tract symptoms (LUTS). EAU Guidelines. Edn. presented at the EAU Annual Congress Milan March 2023. ISBN 978-94-92671-19-6.