Male Remeex System™ (MRS) for the Surgical Treatment of Male Incontinence: 12 Years from the First Case

Introduction and Objective: Urinary sphincter has been accepted as the gold standard in the treatment of male incontinence due to its high success rate and long-term follow-up. Different male slings have been used since 25 years ago with promising success rates, especially those which are readjustable in the postoperative period. Original 20 cases of MRS (Neomedic, Ltd) has a mean follow-up of 10 years while our whole group of 68 patients has a mean follow-up of 7.4 years. The aim of this study was to evaluate safety, efficacy and durability of the MRS including how many postoperative adjustments were required to achieve full continence.
Materials and Methods: There were 68 male patients with moderate to severe UI prospectively operated on using an adjustable sling (MRS®). The etiology of incontinence was status post radical prostatectomy in 62 cases, TURP in four cases, and open prostatectomy in two cases. Average follow-up was at 77 months. Long term cure rates and number of adjustments were recorded.
Results: There were 56 patients (all cases excepting those which suffered bladder or urethral punction during sling placement) who were adjusted in the immediate post-op period. All 68 patients required an adjustment between 1 to 6 months after surgery, which was performed under local anesthesia. Mean number of adjustment procedures during the whole follow-up was 4.2. The longest time interval from placement of the MRS to the adjustment was 100 months. A total of 49 patients (72%) were considered continent (pad use 0-1). Fourteen patients (20.6%) showed significant reduction of their pad use (>50%). Five cases (7.4%) remained incontinent. Of these five patients, one suffered a CVA unrelated to the operation but was disqualified for further adjustments; and, four patients were disqualified for further adjustments due to tumor progression. There was one mesh erosion and three varitensor seromas which lead us to retire it but leaving the threads and mesh in place remaining continent. In 19.1% cases, uneventful intraoperative bladder/urethral perforations occurred which required only new passage of the needles. Six mild perineal hematomas were reported and almost all patients reported perineal discomfort or pain which was successfully resolved with oral medications.
Conclusion: Follow-up data of 6.4 years showed a high success rates due to the possibility to adjust the tension of the device, externally, under local anesthesia at any moment from device implant. Postoperative complications were mild and transient.