

Slings Use in the Treatment of Male Urinary Incontinence

Introduction and Objectives: The stress urinary incontinence (SUI) after prostate surgery is a well-characterized problem, affecting quality of life for patients. Its incidence varies between 1% after TURP and 84% after radical prostatectomy (RP) depending on the series and the definition of SUI. There are several treatment options from conservative treatment to the placement of artificial urinary sphincter (AUS). The slings operate fixed extrinsic compression of the urethra, suggesting a less invasive, simpler and lower cost compared to the AUS. It presents a study evaluating the results of these slings in the treatment of male SUI.

Materials and Methods: We reviewed the medical records and imaging of 24 patients who underwent placement of slings from January 2005 to December 2010. We assessed the main data for the sling, and patient functional outcomes. 24 slings were placed: 10 AdVance™, 7 InVance™, 6 Argus™ and one Dynamesh™. The average age of patients was 63,08 years (18-80 years). The main cause of SUI was RP in 20 cases (83.3%), prostatic adenomectomy in 2 cases and 2 cases of spina bifida. The degree of stress incontinence was mild (≤ 2 pads) in 9 cases, moderate (3-4pads) in 14 cases and severe (≥ 5 pads) in 3 cases. The mean duration of SUI was 47,7 months (18-140 months).

Results: Mean follow-up was 38,13 months (8-74 months). In the first month 11 patients (45,8%) had healed itself (without use of pads), 9 patients (37,5%) improved ($\geq 50\%$ decrease in the number of pads) and 4 patients (16,7%) unchanged. By the sixth month and the 1st year, 10 patients (41,7%) had healed (no pads), 3 patients (12,5%) improved ($\geq 50\%$ decrease in the number of pads) and 10 patients (41, 7%) unchanged. When assessed, the degree of stress incontinence and satisfaction there is that patients with mild SUI have higher percentages of cure and improvement (p 0.39). Of patients dissatisfied, 6 have already undergone the placement of AUS. Of the patients cured or improved at 6 months, 4 underwent placement Argus™, 4 InVance™ and 5 Advance™. Patients underwent placement of Argus, revision was necessary in 50% of cases, with mean duration of 9.3 months (2-14 months). Removal was performed by Argus™ for urethral erosion.

Conclusion: The urethral slings are a valid option for the treatment of mild SUI, with good results to the 1st month. There is however a sharp decrease in satisfaction at 6 months. Careful selection of patients is essential for satisfactory results. In patients not affected, the AUS is a valid option, since they can be placed even after the placement of slings.