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Trigo Rocha F[1], Gomes C[2], Bruschini H[3], Figueiredo J A[2], Srougi M[1]
1. *Division of Urology - Sao Paulo University,* ***2.*** *Division of Urology - Sao paulo University,* ***3.*** *Division o f Urology - Sao Paulo University*

ADJUSTABLE TRANSOBTURATOR SLING (ARGUS T®) FOR THE TREATMENT OF POST RADICAL PROSTATECTOMY URINARY INCONTINENCE (PRPUI). INITIAL EXPERIENCE SIN 20 PATIENTS

Hypothesis / aims of study
Slings have been used for the treatment of PRPUI in many people suffering from this condition and seeking for cheaper and simpler options than an artificial sphincter. They have showed good results in short term follow ups but many patients who became continent after a sling procedure presented recurrence of incontinence after some months. Adjustable slings were developed to permit postoperative adjustments and the recovery of continence in some cases as well as to reduce the tension in the slings in cases of postoperative urinary retention. One of the major concerns in using slings in men was bladder perforation. We investigated the efficacy and safety of a transobturator adjustable sling to treat post radical prostatectomy urinary incontinence.

Study design, materials and methods
The Argus system comprises a 4.2 x 2.6 x 0.9 cm thick silicone foam pad for soft bulbar urethral compression. The pad is attached to the silicone cone columns that, after being passed with needles from obturatory foramen, are adjusted with silicone washers to regulate and keep the desired tension against the urethra. Surgical approach consists on a perineal midline incision and dissection of bulbous urethra involved by the bulbospongiousus muscle. A one centimeter incision is made bilaterally 3 centimeters bellow the insertion of the major adductor muscle. A special needle is inserted in this incision through the obturatory foramen towards the region lateral to the dissected urethra and beneath the penile crus and the ischiopubic ramus to pull the sling extremities. These ends were fixed in the subcutaneous over muscle fascia using an adjustable silicon washer to permit late postoperative adjustments. We evaluated the efficacy and safety of Argus T to treat post prostatectomy urinary due to sphincter deficiency in 20 patients with PRPUI. Mean age was 65 years. Preoperative and postoperative evaluation included number of pads required per day, Quality of Life Evaluation using a visual analogue scale (VAS). All patients were also submitted to preoperative urodynamic evaluation. Preoperative and postoperative data were submitted to statistical analysis to determine if the variations were significant.

Results
Follow up ranged from 17 to 29 months (mean= 22 months) There was a significant reduction in pads count from 5,2 to 1,2. In the last follow up visit 14 patients (70%) were dry or wearing one pad a day, 4 (20%) improved and 2 (10%) remained unchanged. There was also an important improvement in quality of life evaluated by VAS from 10,2 to 2 ($p < 0,05$). Adjustments is order to recover continence were necessary in four patients (20%). No patient had any major complications or bleeding. Adverse events included perineal pain in two patients and erosion in one.

Interpretation of results
We concluded that Argus T® is an effective and safe treatment for PRPUI. The adjustability allows recovery of continence in 20% of the patients.

Concluding message
Argus T may be the first line tool for treating PRPUI.

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What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Ethics Committe Hospital das Clinicas, Sao Paulo University**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**