430

Gu B[1], Shen T[1], Liu Y[1], Fei X[1], Xu Y[1]
1. *Shanghai Sixth People's Hospital, Shanghai Jiaotong University*

BULBOURETHRAL COMPOSITE SUSPENSION FOR TREATMENT OF URINARY INCONTINENCE AFTER PROSTATECTOMY

Hypothesis / aims of study
We evaluated the efficacy of bulbourethral composite sling procedure in the treatment of male urinary incontinence after radical prostatectomy, transurethral resection of the prostate, or prostatic enucleation for benign prostatic hyperplasia.
Study design, materials and methods
Between May 2000 and April 2009, a bulbourethral composite sling was performed in 24 patients with urinary incontinence after Prostatectomy. Seven (29.2%) of these patients had severe urinary incontinence, and 17 (70.8%) had mild to moderate urinary incontinence. A polyester patch plus tension-free vaginal tape (TVT) device was used in the procedure. Prolene threads were attached to the two ends of polyester taper then passed from the perineal incision to a suprapubic incision with a TVT needle. The ends of the sutures and TVT were tied over the rectus fascia in the midline after repeated urethral pressure measurements reached 80–90 cm H_2O.
Results
The follow-up period was 14–90 mo (mean: 38.3). The primary procedure failed in one patient. Of the remaining 23 patients, 1 patient died of cerebral hemorrhage 2 yr postoperatively, and 4 patients had recurrent stress incontinence in 1.0 to 2.0 yr postsurgery, respectively. The recurrent incontinence was severe in one patient and mild (one to two pads per day) in other 3 patients. The remaining 18 patients maintained urination and continence. The total success rate (cure and improved) was 81.8% (18 of 22).
Interpretation of results
Bulbourethral composite sling procedure got a good success rate in the treatment of male patients with mild to moderate incontinence after prostatectomy, but is not suitable for severe incontinence. Temporary perineal discomfort or pain is a common complication of the procedure.
Concluding message
Bulbourethral composite sling procedure is a minimally invasive, safe, effective surgical option in the treatment of male patients with mild to moderate incontinence after prostatectomy

Specify source of funding or grant	**no**
Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**No**
Is this a Randomised Controlled Trial (RCT)?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Ethics Committe of Shanghai Sixth People's Hospital**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**