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TRANS-OBTURATOR BULBOURETHRAL SUSPENSION FOR TREATMENT OF URINARY INCONTINENCE AFTER PROSTATECTOMY

Hypothesis / aims of study
We evaluated the efficacy of trans-obturator bulbourethral sling procedure using the modified DynaMesh-PR4 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 April 2009 and July 2015, a trans-obturator bulbourethral 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. Four ends of polyester taper of a DynaMesh-PR4 were overlapped to two ends, then passed the paraurethral region to the obturator from the perineal incision, exit through the skin at 2cm lateral to the folds of the thigh with a TOT needle respectively. The two ends of polyester were sent back to the perineal incision subcutaneously and tied over the bulbourethra after repeated urethral pressure measurements reached 80–90 cm H2O.

Results
The follow-up period was 3–62 mo (mean: 28.3). Of the 24 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 19 patients maintained urination and continence. The total success rate (cure and improved) was 82.6% (19 of 23).

Interpretation of results
Trans-obturator bulbourethral sling procedure using the modified DynaMesh-PR4 is not suitable for severe incontinence. Temporary perineal discomfort or pain is a common complication of the procedure.

Concluding message
Trans-obturator bulbourethral sling procedure using the modified DynaMesh-PR4 is a minimally invasive, safe, effective surgical option in the treatment of male patients with mild to moderate incontinence after prostatectomy,

Disclosures
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