

SHORT TERM RESULTS OF A SECONDARY MALE SLING PROCEDURE AFTER FAILED INVANCE® BONE ANCHORED MALE SLING

Hypothesis / aims of study

We review our experience with patients undergoing a secondary standard male sling procedure after the failure with the bone anchored male sling.

Study design, materials and methods

A retrospective chart review was performed. Success was defined as wearing 1 thin pad or less per day. Variables such as severity of incontinence, age, urodynamic findings and intraoperative flow pressures were analyzed for success and risk of failure. The 7-item International Prostate Symptom Score and 8-item incontinence quality of life questionnaire (included number of pad/day, size of the pad, timing of incontinence, impact of incontinence on daily and social activities, on patient mood and voiding) were used to assess the outcome. A total of 10 incontinent men, with a mean age of 66 years (59-76), underwent perineal bone-anchored male sling placement. The mean time of the primary and secondary male sling procedure after radical retropubic prostatectomy was 35.45 (range 17-85) and 55.75 (range 36-63) months, respectively. Mean time of evaluation after the secondary male sling was 14 (range 8-21) months. Of the 10 patients 8 had urodynamically confirmed stress urinary incontinence, while 2 had mixed incontinence with stress incontinence and detrusor instability before first sling surgery.

Results

Perineal inflammation and infectious drainage occurred in 8 patients and excisions of the sling were performed in 6 patients with a mean follow up of 20 (range 1-42) months. In two of these patients a second male sling procedure were performed 6 months after the excision. In the remaining 2 patients excision and placement of a new sling at the same time were performed. With a mean follow-up of 13 months all secondary sling patients have improved compared before surgery (Table I). There were no significant complications after second male sling surgery.

	Pre InVance® MS	Post MS	InVance®	Pre 2nd standard MS	Post 2nd standard MS
IQOL-Q	15,18	6,73		17,5	11,5
Pad pre day	1,91	0,91		2	1,25

*Male Sling

Interpretation of results

Second sling surgery after primary failure with bone anchored male sling is an effective and well tolerated treatment alternative.

Concluding message

Patients should be informed of the possibility of bone anchored sling failure which can be successfully managed by secondary sling surgery with minimal morbidity.

References

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CLINICAL TRIAL REGISTRATION: This clinical trial has not yet been registered in a public clinical trials registry.

HUMAN SUBJECTS: This study was approved by the Marmara University School of Medicine Ethics Committee and followed the Declaration of Helsinki Informed consent was obtained from the patients.