

INITIAL EXPERIENCE WITH AN ADJUSTABLE TRANSOBTURATOR SLING (ARGUS T®) FOR THE TREATMENT OF POST PROSTATECTOMY INCONTINENCE

Hypothesis / aims of study

Autologous and synthetic slings have been proposed to treat post radical prostatectomy urinary incontinence (PRPUI). Although many authors have shown good results in a short term follow up the results are disappointing after some time. We investigated a new type of sling named Argus T®. The main advantages of this system could be the safety due to the transobturator approach and the adjustability allowing the recovery of continence in patients who became dry and started leaking again.

Study design, materials and methods

We evaluated 10 patients suffering from PRPUI due to sphincter deficiency treated by Argus T®. Preoperative and postoperative evaluation included pads weight, Quality of Life Evaluation using a visual analogue scale (VAS) as well as the International Consultation on Incontinence Questionnaire –Short Form (ICIQ-SF). All patients were also submitted to urodynamic evaluation. Preoperative and postoperative data were submitted to statistical analysis to determine if the variations were significant.

Results

The follow up ranged from 08 to 14 months (m = 12 months). There was a significant reduction in pads count from a mean of 100 to 1500 ml/day (mean= 750 ml) to 50 to 500 ml/day (mean= 67,5 ml) ($p < 0,001$). There was also an important improvement in quality of life related to as attested by the variation in the ICIQ-SF from 18,5 to 5,1 ($p < 0,05$) and also an improvement in QoL evaluated by VAS from 8,3 to 4,2. Overall from the 10 patients 8 (80%) are dry or wearing one pad a day in the last follow up. Adjustments in order to recover continence were necessary in two patients (20%). No patient had any major complications or bleeding. Adverse events included perineal pain in two patients and extrusion in one.

Interpretation of results

We concluded that Argus T® is a safe effective treatment for PRPUI. The adjustability allows recovery of continence in patients who became dry and starts leaking again.

Concluding message

Argus T could be a first line tool for treating PRPUI however Long term follow up is necessary to confirm its efficacy and safety.

<i>Specify source of funding or grant</i>	Promedon supplied the material
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Ethics Committee - Hospital das Clinicas Sao Paulo University
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes