



# POST PROSTATECTOMY URINARY INCONTINENCE (AND MALE INCONTINENCE)

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# The problem

## “ Stress Urinary Incontinence (SUI)

*‘....involuntary urinary leakage on effort or exertion or on sneezing or coughing....’*

“ Less common in menõ .but

“ An increasing problem

“ Surgical treatment for prostate cancer

“ >3000 cases per year

# The problem

- “ RRP increasing
- “ SUI a well documented side effect
- “ What do we tell the patient?
  - “ What is incontinence?
  - “ Depends who you ask
  - “ What is the incidence?
  - “ Surgeon/approach
  - “ 0.8%-87% (older studies)
  - “ 2-10% at 1 year (that we know about)
- “ **QOL**

# QOL

“ Study of post-RRP patients

“ Need to wear pads = greater problem than loss of sexual function

Fowler Jr FJ, Barry MJ, Lu-Yao G, et al. Effect of radical prostatectomy for prostate cancer on patient quality of life: results from a Medicare survey. *Urology* 1995;45:1007-13

# The problem

- “ Not only RRPõ ..
- “ TURP
  - “ <1%
- “ Pelvic fracture . up to 20%
- “ SCI
- “ Spina bifida
- “ MS



# The problem

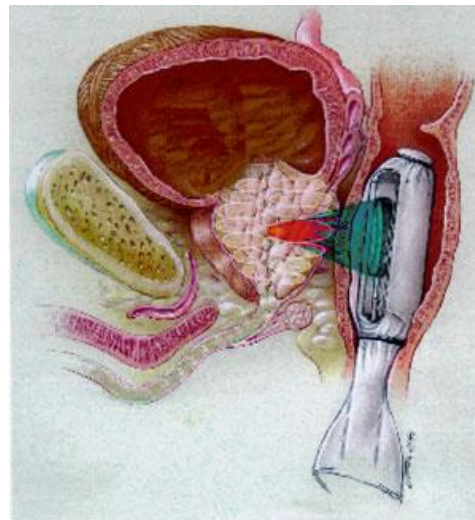
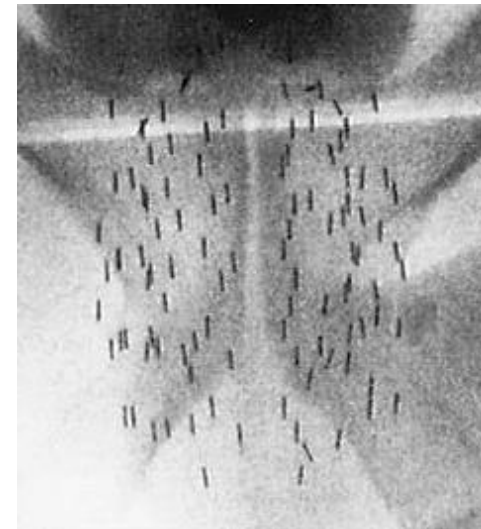
“ Brachytherapy . 0-45%

“ TURP after = high risk

“ Cryotherapy

“ Radiotherapy prior = risk factor

“ HIFU



## A complex problem

- “ Healthy and intact urothelium + urethral wall
- “ Functional smooth and striated muscles
- “ Correctly supported/positioned urethra
- “ Length of membranous urethra
- “ Nerve supply, detrusor/sphincter
- “ Prolapse of dorsal/posterior aspect of urethra

# RRP

- “ Overall incontinence rates are decreasing
- “ Risk factors
  - “ Age
  - “ Prostate size
  - “ Co-morbidities
  - “ Nerve sparing?
  - “ Tumour stage



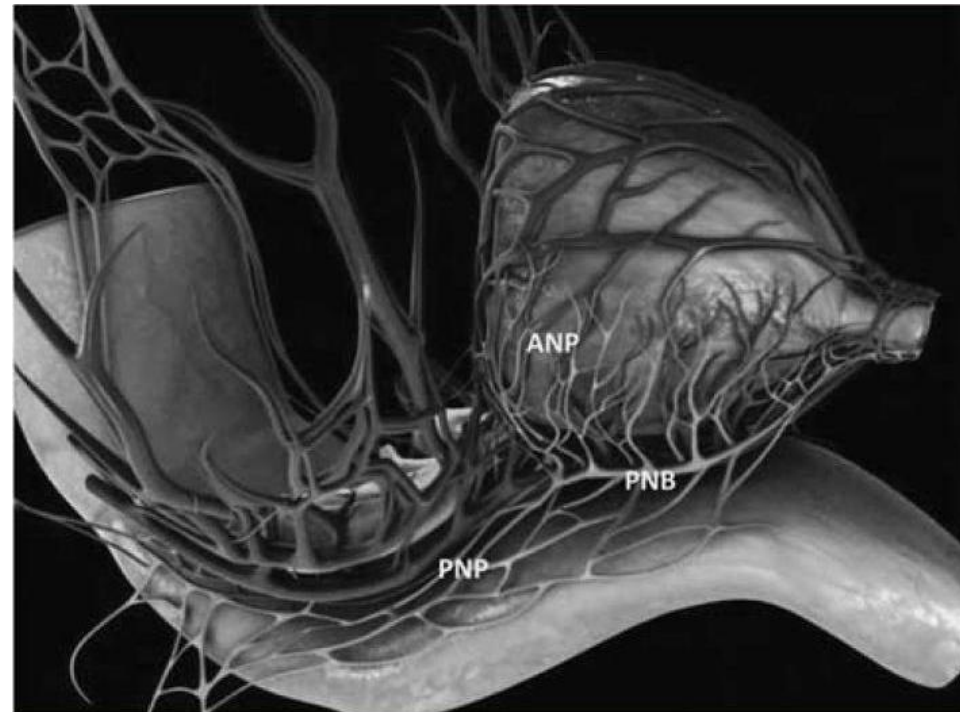
# Pathogenesis

## “ Operative

- “ Understanding of anatomy
- “ Preservation of NV bundles/bladder neck
- “ Seminal vesicle tip-sparing

## “ Evidence only level 3

- “ (case series, case reports, expert opinion)



# Pathogenesis

## “ Pre-op

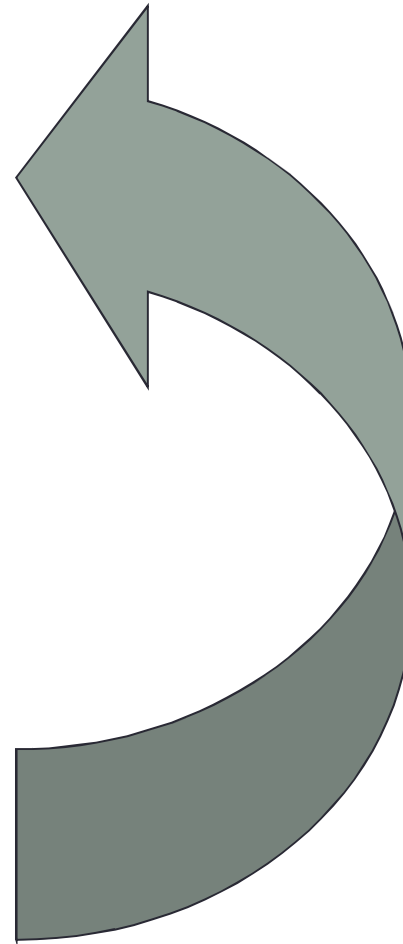
- “ Age
- “ Continence

## “ Operative

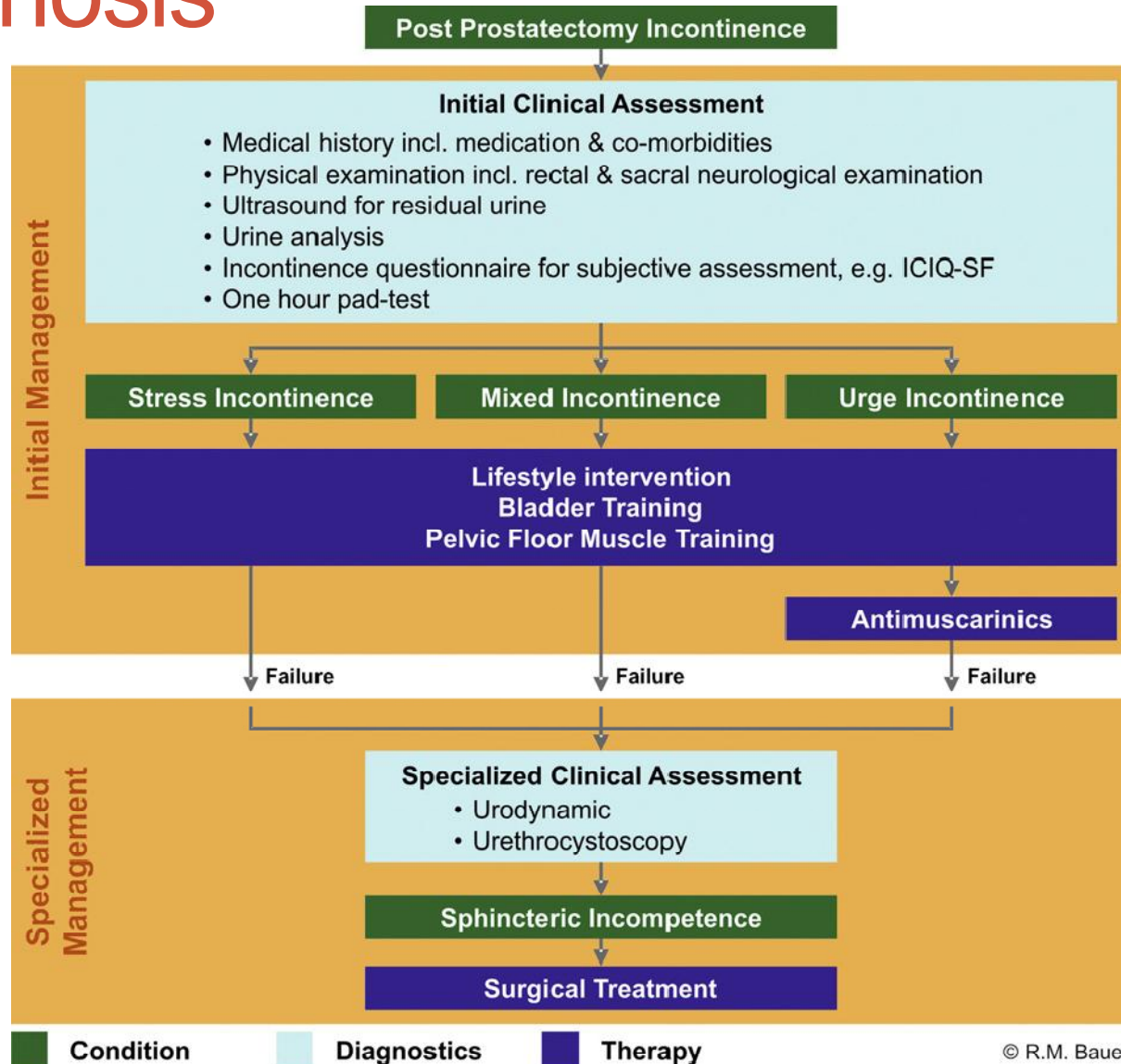
- “ Technique
- “ Surgeon experience

## “ Post-op

- “ Education/expectations



# Diagnosis



# Treatment: Non-invasive

- “ Within 0-12months of surgery
  - “ PFMT
    - “ Pre and post-op
    - “ Continence may return faster but no difference at 1yr
  - “ Bladder training
  - “ Timed voiding
  - “ Reduction of fluids
  - “ Reduction of stimulants
- All recommended but not evidence based

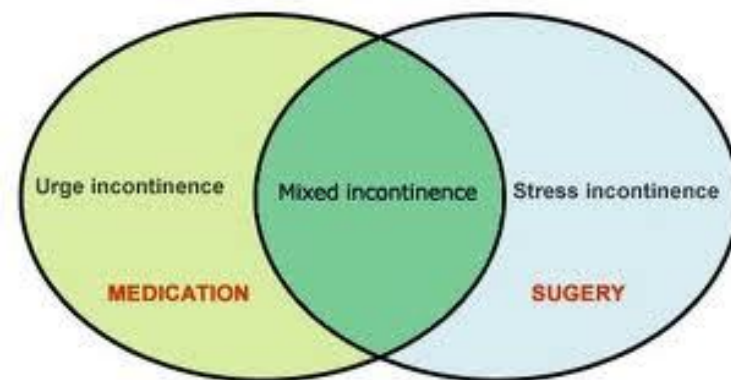
# Pharmacological treatment

## “ Duloxetine

- “ SNRI
- “ Established in females
- “ Not licensed for use in males
- “ Nausea common SE
- “ 2 studies show improvement

## “ Anticholinergics

- “ Early incontinence
- “ De novo urgency +/- DO



# Surgical treatment

## “ Who?

- “ Failure of conservative measures
- “ 6 months post RRP (1year)
- “ SUI proven on UDS
- “ cystoscopy

## “ How?

- “ Many options
- “ Severity of symptoms
- “ Patient preference
- “ Availability
  - “ Chichester, Portsmouth



# Surgical treatment

- “ 2-5% patients at 1yr
- “ Injection therapy
- “ Stem cell therapy
- “ Bone anchored slings
- “ Adjustable sling
- “ Functional retrourethral sling (Advance)
- “ Pro-ACT
- “ Artificial urinary sphincter

# Surgical treatment

- “ Stem cell therapy
- “ Bone anchored slings
- “ Adjustable sling
- “ Injection therapy
- “ Pro-ACT
- “ Artificial urinary sphincter
- “ Functional retrourethral sling (Advance)



# Surgical treatment . EAU guidelines

- “ Bulking agents in mild to moderate

  - “ 50% early failure, effects decrease with time

- “ Pro-ACT

  - “ New, more evidence needed

- “ Male slings in mild to moderate

  - “ Success rates between 58% and 90%

- “ AUS is treatment of choice in moderate to severe

  - “ Success rates between 59% and 90%

# Surgical treatment post EBRT . EAU guidelines

## “ AUS

- “ Higher incidence of erosion/infection
- “ Can still be used

## “ Advance sling . (not in guidelines)

- “ 58% success
- “ Less dissection required

# Quantification

## “ Stamey

- “ Mild: Only with severe stress
- “ Moderate: Minimal stress incl walking
- “ Severe: Incontinence during bed rest

## “ Pads

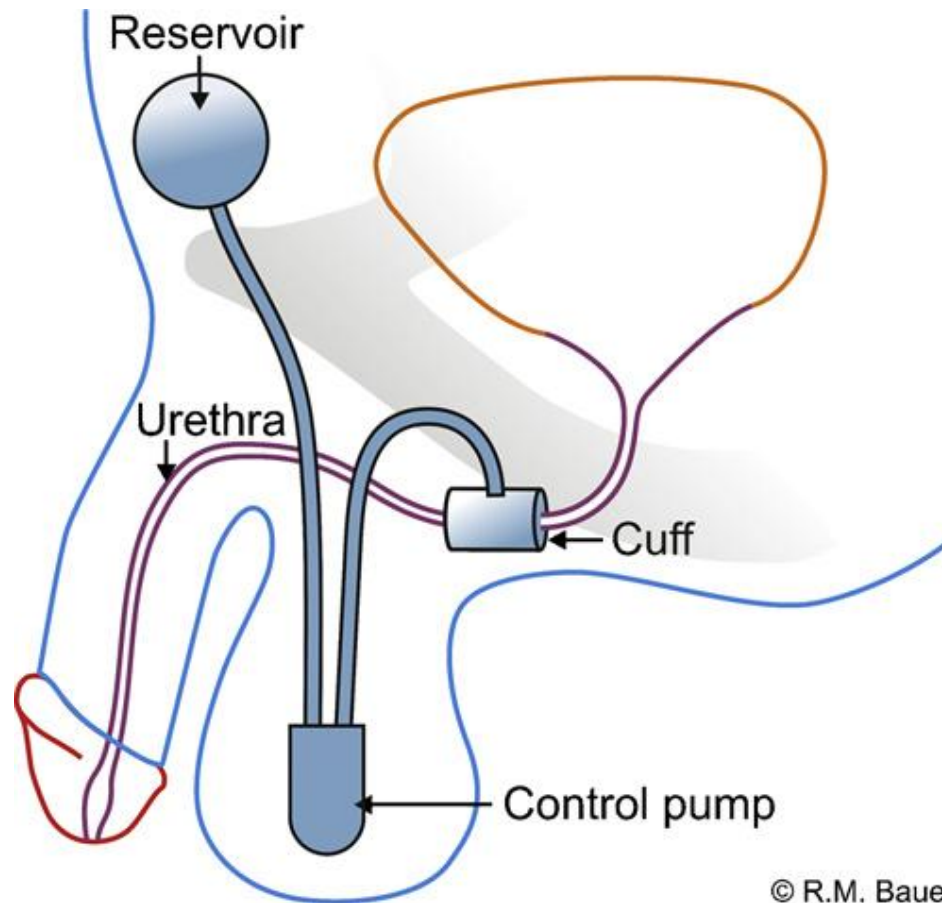
- |                     |             |
|---------------------|-------------|
| “ Mild: 1 or 2/day  | <200ml/Day  |
| “ Moderate: 3-5/day | 200-500/Day |
| “ Severe: >5/day    | >500ml/Day  |

# AUS

- “ Gold standard
- “ AMS 800
- “ 1972
- “ Moderate/severe
- “ Cognition and dexterity
- “ Cost
- “ Availability



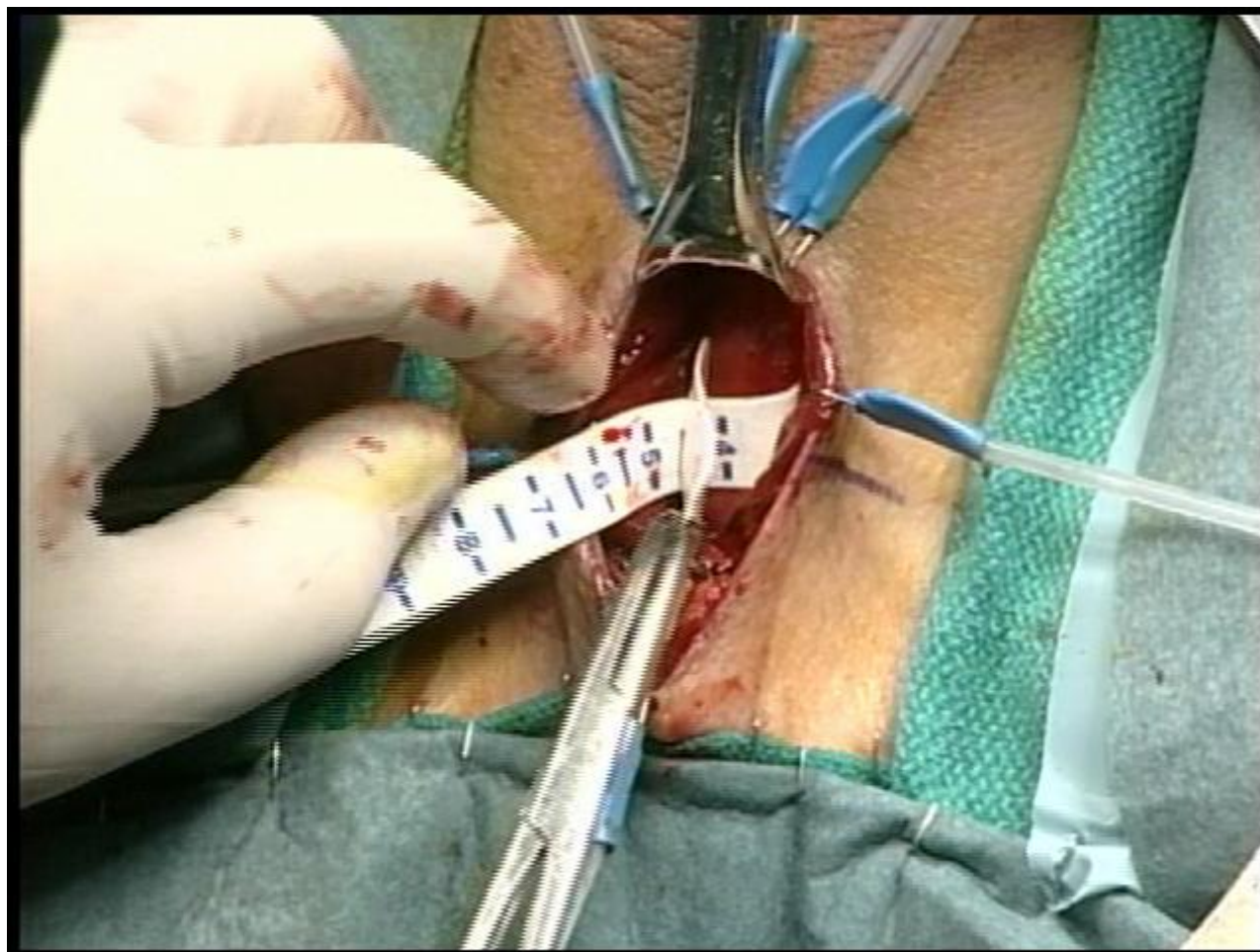
# Operative technique



# Operative technique - dissection



# Cuff sizing

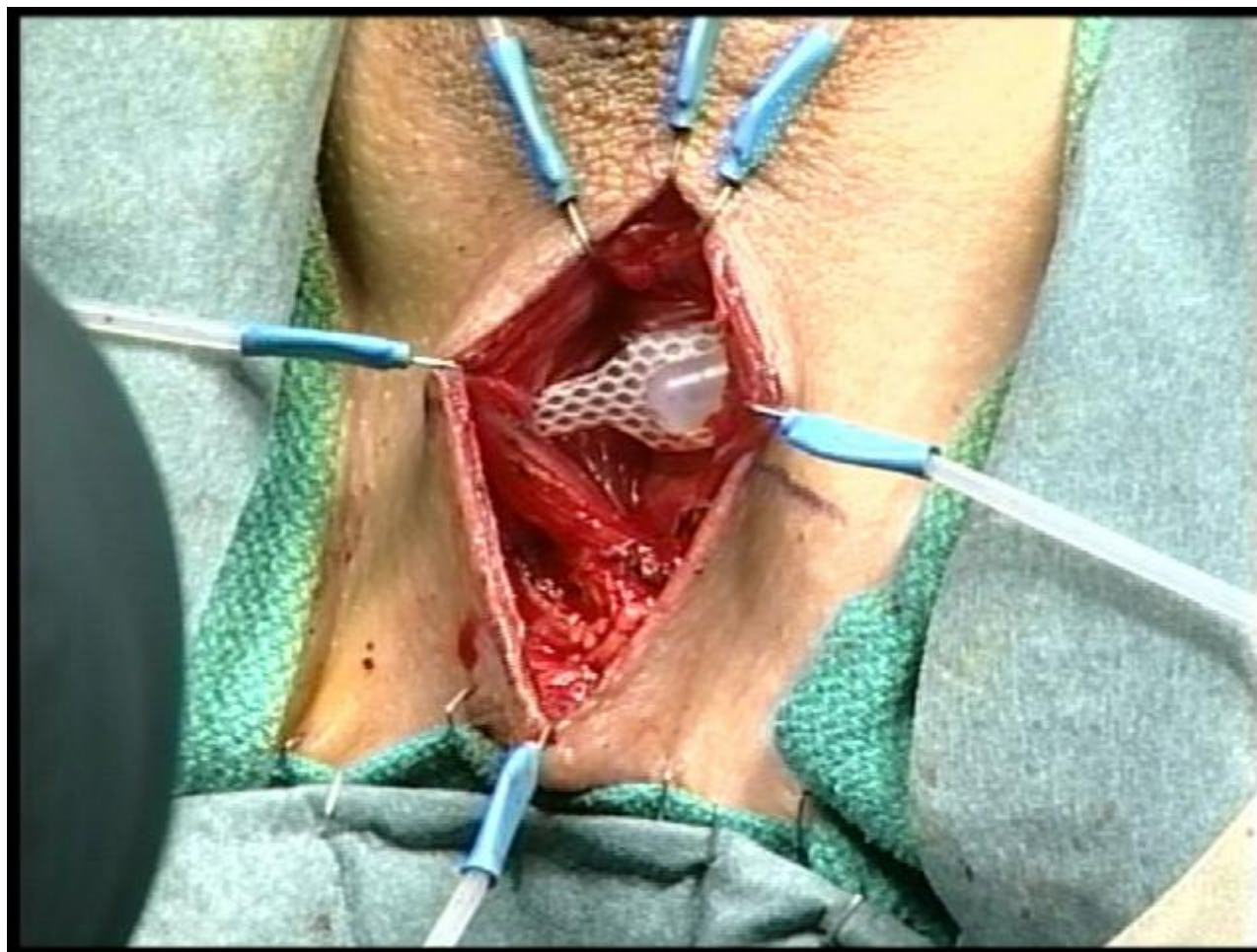


# Pump and PRB placement





# Cuff insertion



# Outcome data

“ Contenance (0-1pad)

“ 59-87%

“ Pad free

“ 10-72%

“ Satisfaction

“ 87-90%

“ 75% at 15 years have functioning device

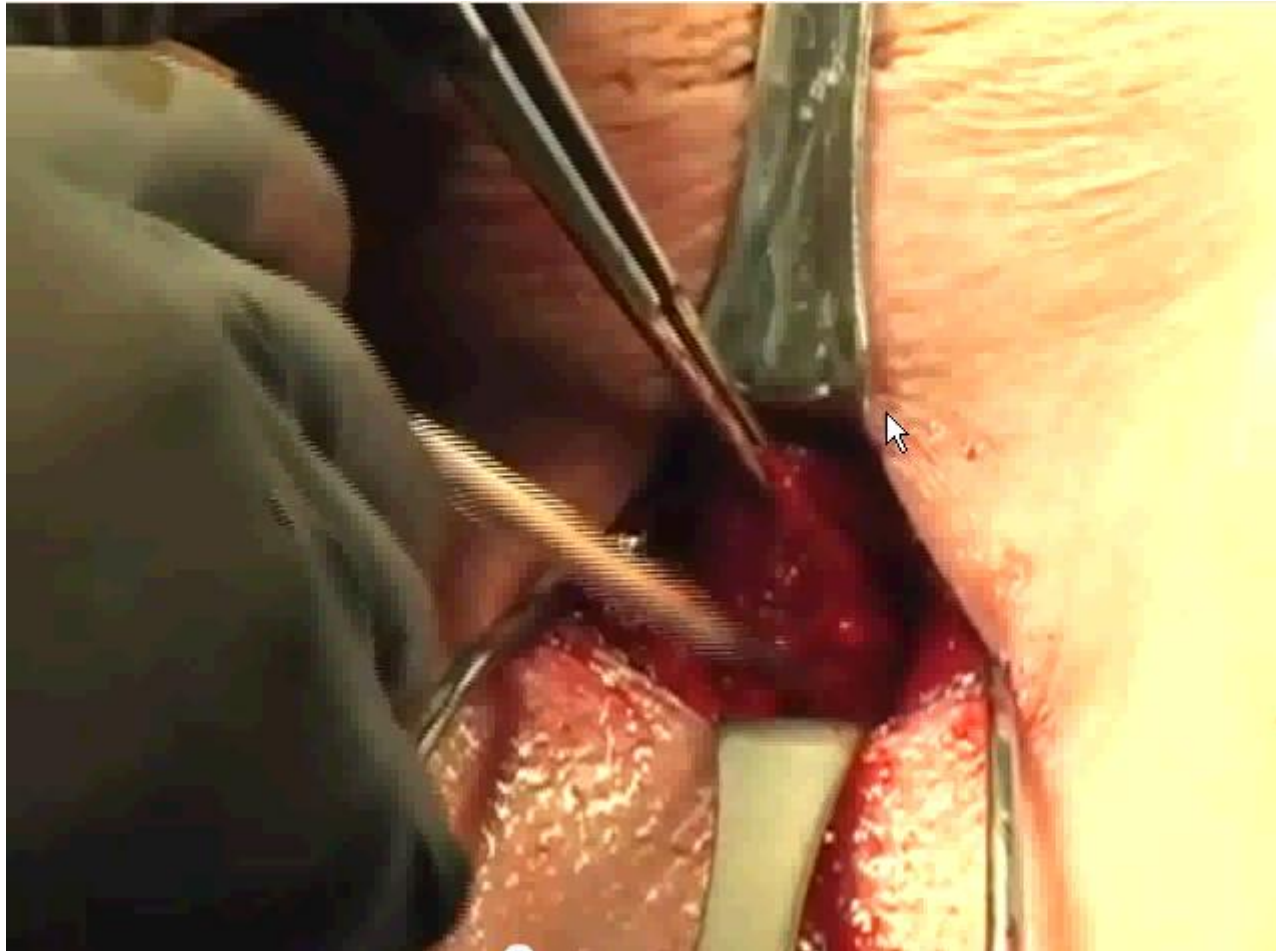
# Complications

- “ Mechanical failure
  - “ Erosion
  - “ Infection
  - “ Urethral atrophy
- 
- “ Freedom from revision = 50% at 5 years
    - “ Explantation
    - “ Cuff downsizing

# Advance Sling

- “ Newer technology
- “ Mild to moderate
- “ Trans-obturator
- “ Proximal relocation of bulbar urethra
- “ Only <3 year follow-up

# Operative technique



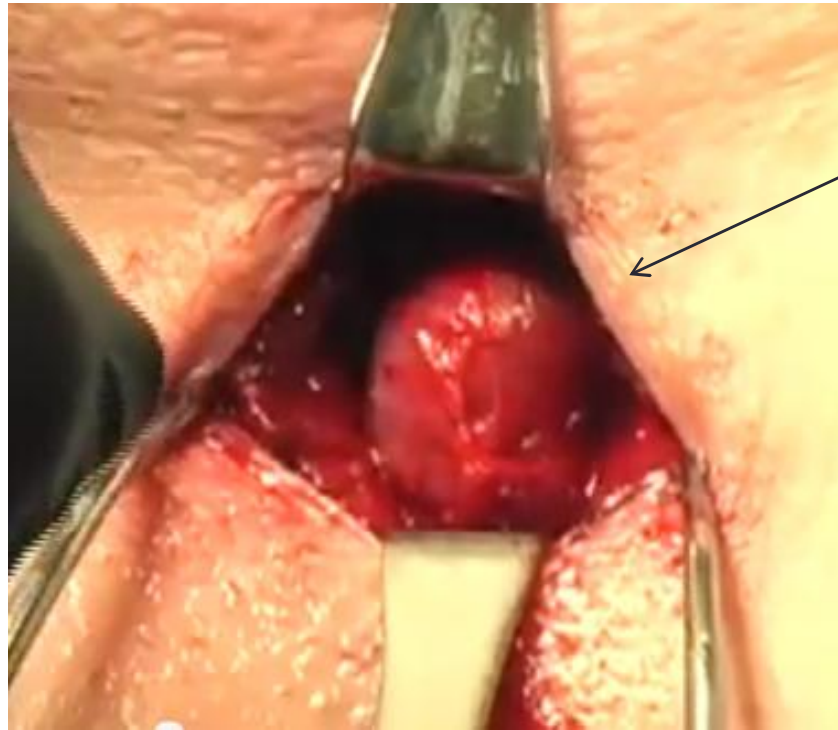
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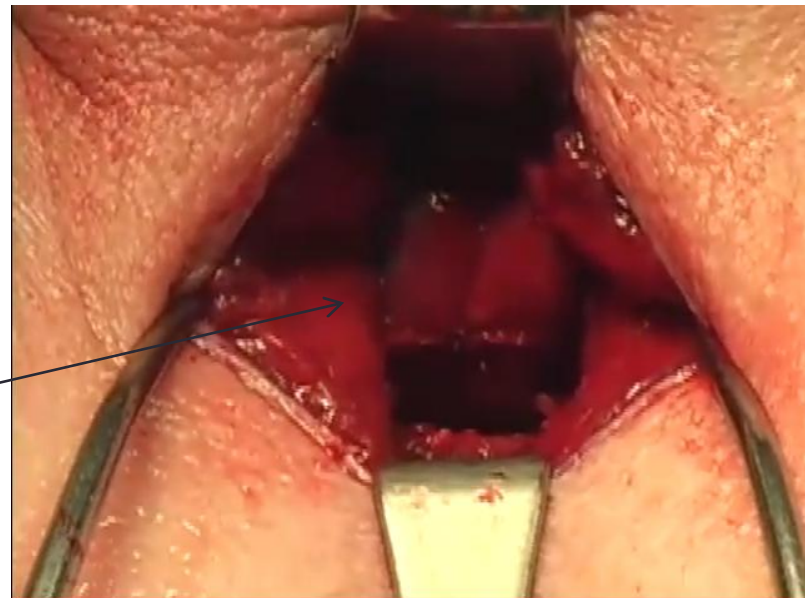
# Operative technique



# Operative technique



Before sling



After sling



# Outcome data

“ Contenance (0-1pad)

“ 54-91%

“ Pad free

“ 9-73%

“ Satisfaction

“ high ratesq

“ Only 2 year follow up

# Complications

- “ Urinary retention 3-13%
- “ Perineal/adductor pain 2-4%



# Take home messages

- “ SUI in men is increasing
- “ Conservative measures for 6 months
- “ Then consider surgery

# Take home messages

- “ Surgical options

  - “ AUS

  - “ Male sling

- “ Specialist centres

- “ Good results with low morbidity



# Thank You

“ Suzie Venn

“ Peter Guy

“ AMS

# Questions?

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