Retrourethral Transobturator Sling AdVance® for the Treatment of Male SUI after Radical Prostatectomy

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ABSTRACT

Introduction: Despite improved surgical techniques, exist an increasing number of patients suffering post-prostatectomy stress urinary incontinence (SUI). Some 2-5% of the patients with incontinence after radical prostatectomy exhibit a persistent incontinence for >1 yr postoperatively despite conservative therapy attempts. For these patients surgical treatment is recommended and the artificial urinary sphincter is still the gold standard. The retro-urethral transobturator sling (AdVance®) represents a non-obstructive, functional therapeutic approach. Methods: A 64-year-old male had an elevated PSA level of 6 ng/ml. The DRE findings were negative for palpable nodules and subsequent TRUS-guided needle biopsy of the prostate showed right-sided prostatic adenocarcinoma, Gleason score 7(3+4). The patient underwent a transperitoneal LRP, the tumor was confined to the prostate with negative surgical margins (stage T1cNxMx). The follow-up PSA level was undetectable and 14 months later presented moderate SUI (3-4 pads/daily), despite conservative therapy. A previous urethrocystoscopy was performed to evaluate the sphincter function and the mobility of the posterior urethra (changes achieved by perineal pressure). The AdVance® sling (American Medical Systems) was placed for the treatment of SUI according to the Rehder and Gozzi method, with a total operative time of 40 min and estimated blood loss of 70 mL. The hospital course was uneventful and the patient was discharged on the first post-interventional day. This video demonstrates the surgical technique (step-by-step).

Results: After 1 year, complete continence (no pads) was achieved and quality-of-life score improved significantly.

Conclusions: The AdVance® represents an effective, safe and minimally invasive treatment option for mild-to-moderate SUI post-radical prostatectomy.

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EDITORIAL COMMENT

The surgical video by Rijo et al. provides an excellent depiction on the use of a retrourethral transobturator sling in the surgical management of stress urinary incontinence (SUI) post-prostatectomy. As the editor of the video section, I am thrilled in publishing surgical videos of such high-quality both in content and in technical design. As our video section continues to grow exponentially, the emphasis remains on promoting surgical excellence and novel techniques. Surgical videos such as this have elevated the bar and set a new standard for both our contributors and

readership. In addition, the authors have provided a very insightful minimally invasive approach to the surgical management of moderate to severe SUI in this patient cohort. Although long-term data is required before we can truly assess the merit of this technique as compared to the artificial urinary sphincter, it nevertheless remains that at centers of excellence such as this, it offers a minimally invasive approach to the management of SUI post-prostatectomy hence it should at the very least be a consideration.

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