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ADJUSTABLE ARTIFICIAL URINARY SPHINCTER (ZSI375) IN THE TREATMENT OF STRESS URINARY INCONTINENCE CLINICAL EXPERIENCE AND RESULTS IN OUR CENTER

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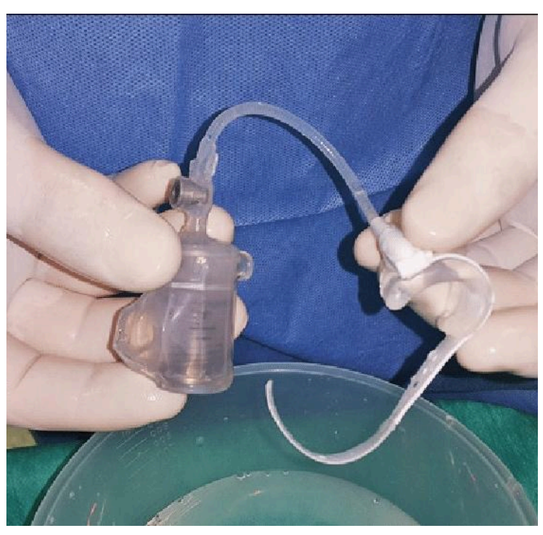
Hypothesis / aims of study

The artificial urinary sphincter (AUS) is the gold standard in the treatment of male stress urinary incontinence (UI). There are different AUS designs.
ZSI375 (Zephir) presents differentiating characteristics in relation to others: pre-connected, pre-filled, without connections, it is not necessary to place an abdominal reservoir and it allows cuff volume and pressure adjustments (intraoperative and postoperative).
We present our experience with the ZSI375



Study design, materials and methods

Descriptive, retrospective study

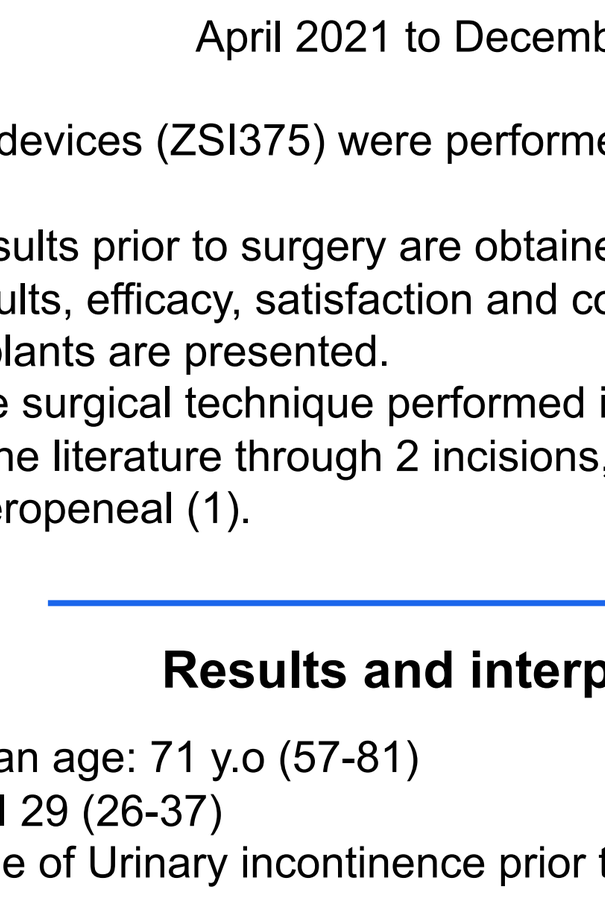
April 2021 to December 2023

23 devices (ZSI375) were performed in 21 patients.

Results prior to surgery are obtained and functional results, efficacy, satisfaction and complications of implants are presented.
The surgical technique performed is the one described in the literature through 2 incisions, perineal and lateropeneal (1).

Results and interpretation

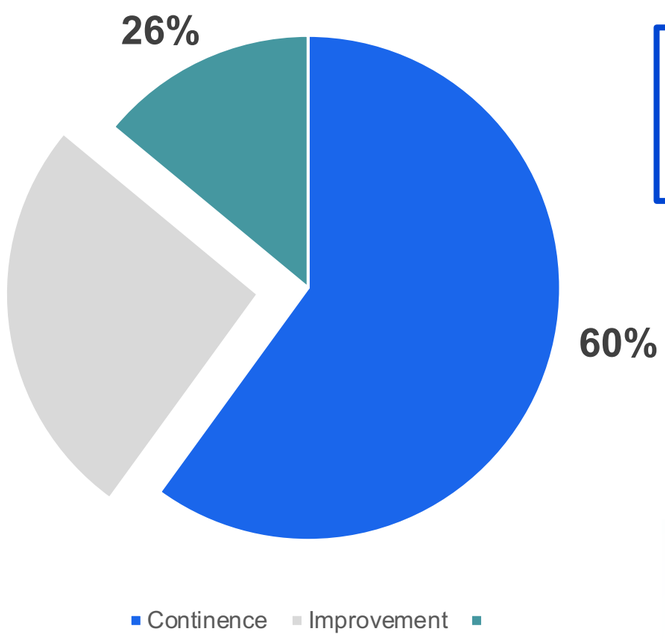
Mean age: 71 y.o (57-81)
BMI 29 (26-37)
Time of Urinary incontinence prior to implant: 5 years (2-13).



Pad test 24h
1042 ml (700-1500).

1 patient had received previous radiotherapy treatment
4 patients (17%) had previously presented stricture
5 patients (21%) had previously had another device implanted: ATOMS (3), AMS800 (2) performing the explant at the time of surgery in 3 cases.

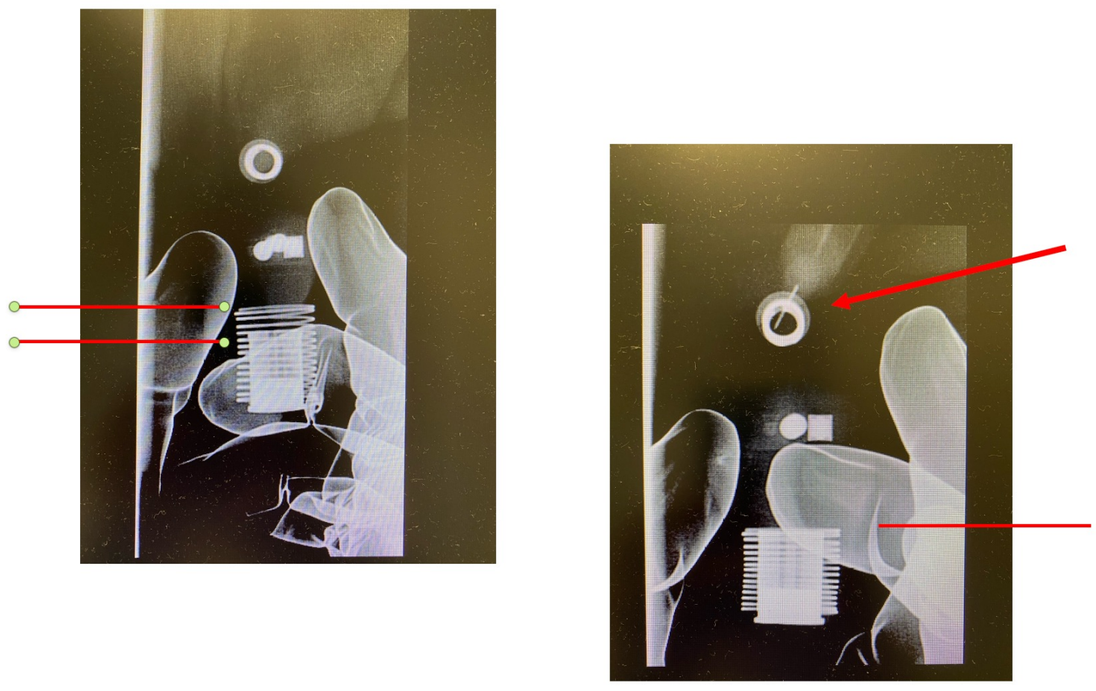
In the initial follow-up, after activation of the sphincter, continence is achieved in 60% of cases (defined as total continence or minimal leaks).



Overall continence improvement 86%

Follow-up
489 días (124-1090)

Adjustment of the cuff volume was performed in 3 patients (13%) with continence improvement.



Complications:
All patients were discharged after 24 hours.
No complications were reported in the immediate postoperative period.
UTI was reported in 2 patients (1st month) (8%).
No urethral erosions were reported.
Mechanical failure: 2 cases (loss of fluid from the cuff circuit, performing sphincter replacement in both, with subsequent recovery of continence).
Infection and explantation: 1 case

Conclusions

In our experience, ZSI375 has adequate efficacy and safety for the treatment of male SUI.

References

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