

# Vulko the new adjustable sling for male incontinence- preliminary results

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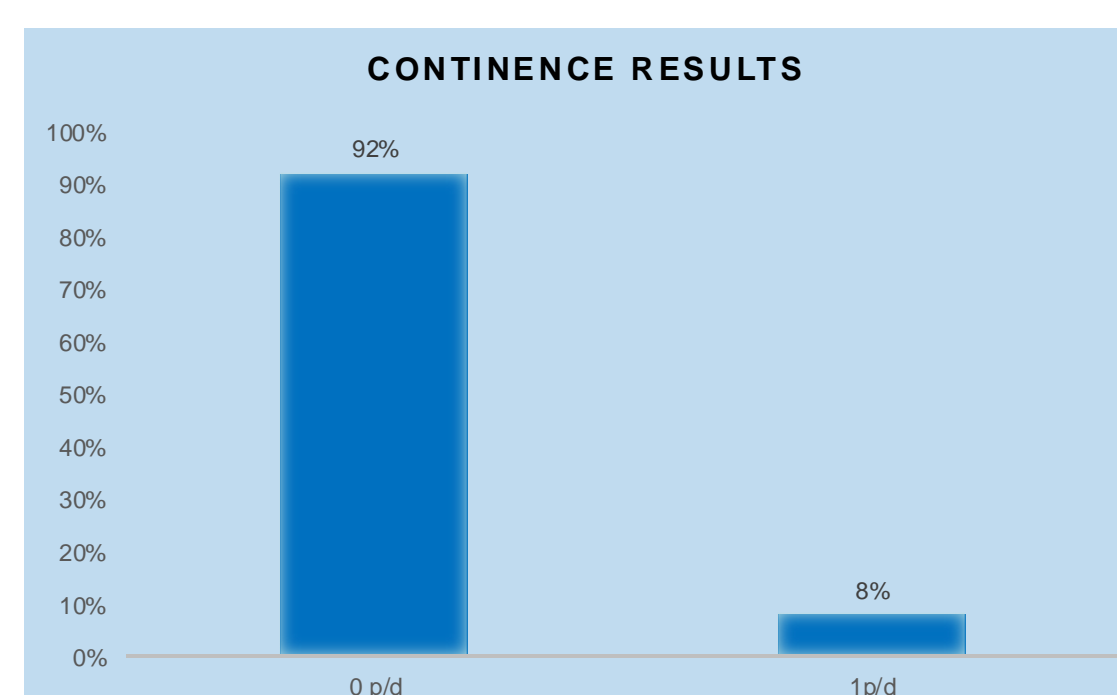
## Introduction

According to the SATURN registry adjustable systems such as, Argus, Atoms and ProAct, roughly represent 10% of surgeries for male incontinence<sup>1</sup>. Limitations can be the way of adjustment, insufficient contact to the urethra or simply unsatisfactory continence results. Vulko is an adjustable sling that provides a direct upright vector for urethral coaptation and easy adjustment, resulting in consistent resistance when needed. The primary aim is to present the preliminary results in terms of continence. The secondary aim is in terms of early complications.

Postoperative symptoms, adverse events, and ambulatory adjustments were recorded. Complications were assessed according to the Clavien-Dindo classification.

## Results

All included patients had moderate to severe SUI (3-5 pads/day) before Vulko implantation. The mean operation time was 55 min(41-73). One intraoperative bladder perforation was observed, foley catheter was placed and the cystogram was inconspicuous after 7 days. Postoperatively 5 patients complained about dysuria and 8 about perineal pain, which was managed conservatively. Weak urine stream (<15ml/s; n=6) was recorded in 6 cases and 2 patients with postoperative retention required a foley catheter for 10 days. One infection and explantation was reported within the first week. In total 4 patients received ambulatory adjustments, 3 within the first month, and one after 5 months (average additional filling was 2ml). After a mean FU of 6,7 months (1-12), continence was achieved for 11/12 (92%) patients with 0 pad, 1/12 continued using 1 pad/day.



## Conclusion

A dry rate of 92% could be achieved in this cohort. Despite short follow-up and the small cohort the results are promising.

The Vulko sling seems to be effective and the adjustment can be performed easily. The implantation procedure is in accordance with former surgical techniques, and the initial results are promising. Larger series are necessary to confirm these findings.

## References

1. Heesakkers J, Martens F, Thiruchelvam N, Witjes W, Caris C, Kats J, Hamid R, Van der Aa F; EAU Research Foundation SATURN Study Group. Results at 1 Year from SATURN, A European, Prospective, Multicenter Registry for Male Stress Urinary Incontinence Surgery. Eur Urol Focus. 2024 Apr 15:S2405-4569(24)00055-5. doi: 10.1016/j.euf.2024.04.003.

## Methods

We present the data of the Vulko adjustable sling (Promedon, Argentina) in 14 patients with moderate to severe stress urinary incontinence, from Sept 2022 to Aug 2023 in three centers. A vertical incision was made over the urethral bulb, and the triangular space between the bulb and ischiopubic ramus was dissected. Two transverse suprapubic incisions were made. Initially the pad was filled with 5ml of solution. The instrument was inserted through the perineal incision and advanced to the suprapubic incision. Cystoscopy was performed, the optic and camera removed, leaving the cystoscope sheath in place to perform the positioning and adjustment of the sling. The arms were pulled out until the pad touches the bulbospongiosus muscle and the protective sheets were removed. Washers were pulled down to the rectus fascia. After placing the sling 3 ml of solution was removed, so the remaining pad filling was 2 ml. The initial pad filling provides. A scrotal subcutaneous pouch was created to place the port. Each surgeon was responsible for collecting the data regarding surgery date, duration, preoperative and postoperative continence level in pads/day, at different intervals.