

The long term outcome of customizable retropubic bulbourethral sling (*Mansoura Technique*) in post prostatectomy incontinence

Aim of study: The incidence of post-prostatectomy incontinence (PPI), whether TURP, TURis, or HoLeP, ranges from 6.9 to 3.8% at 1 to 18 months.(1). The treatment of PPI ranges from Pelvic floor muscle training to an artificial urinary sphincter. The use of sling is becoming increasingly popular. Our technique was described in 2007 (2). Since then, over 200 procedures have been performed in different indications. We have published our 2-year follow-up of a composite of cases 16 years ago(3). Herein, we evaluate cases who had a minimum follow-up of 1 year after TURP, TURis, or HoLeP.

52 patients with a mean age of 67 years $\pm$ 12 years. None had prostatic adenocarcinoma, and all had at least 6 months of postoperative pelvic floor muscle training. All had a retro-pubic bulbar urethral sling as previously described. Follow-up range was 1-7 years (median: 4 years). At baseline, the average number of pads was 5. 27 patients had HoLeP, and 25 had either TURP or TURis. At the end of follow-up, 30 patients were dry with a negative 1-hour pad test and no pad usage. 11 patients had retightening of the sling in the first 6 months postoperative, and 2 had a redo sling. 5 patients were incontinent at the end of follow up. 3 had stress incontinence and were using no or 1 pad per day, while 2 had urge incontinence and were maintained on antimuscarinic.

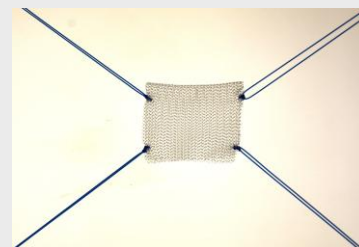


Fig 1: In vitro model of the sling



Fig. 2: Bulbar urethra within covering muscles

Fig 3: Modified Stamey Needle



Fig. 4 Needle passing right of urethra

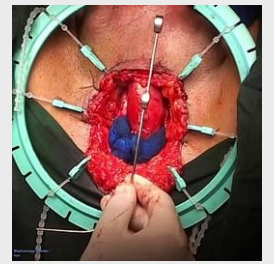


Fig. 5: Sling in final position

The sling material is made of commercially available polypropylene meshes used for hernia repair, and the suspending strings were made of # 1 Prolene sutures. The size of the mesh is chosen based on the width of the bulbospongiosus muscles around the bulbar urethra, and this makes the sling technique versatile. This allows for different sizes of the urethral bulb to be managed. The feasibility of retightening under local anaesthesia is another advantage of the technique.

Our retropubic bulbourethral sling is a valid option for post-prostatectomy incontinence. It is a customizable, cost-effective, and readjustable

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2. Wadie BS. A novel technique of bulbourethral sling for post-prostatectomy incontinence. Scand J Urol Nephrol. 2007;41(5):398-402. doi: 10.1080/00365590701304023. Epub 2007 Apr 16. PMID: 17853033.
3. Wadie BS. Retropubic bulbourethral sling for post-prostatectomy male incontinence: 2-year followup. J Urol. 2010 Dec;184(6):2446-51. doi: 10.1016/j.juro.2010.08.032. Epub 2010 Oct 16. PMID: 20952002.

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