

Failed Sling: A Burnt Bridge for a Future AUS? A Meta-Analysis

Mohamed H¹, Mohamed T², Deameh M³, Hosam M⁴,
Abdelshafi A¹, Ramez M⁵

1. Faculty of Medicine, Assiut University, Assiut, Egypt,
2. Urology Department, United Lincolnshire Hospitals
NHS Trust, Lincoln, UK, 3. Faculty of Medicine, Al-Balqa
Applied University, As-Salt, Jordan, 4. Urology
Department, Faculty of Medicine, Assiut University,
Assiut, Egypt, 5. MD Anderson Cancer Center, Texas, USA

Contact Details



Introduction

- SUI after prostatectomy affects quality of life.
- Options: observation, pelvic floor training, bulking agents, male sling, AUS.
- Sling success declines over time → some patients need AUS.
- Controversy: Does prior sling affect AUS outcomes?



The Risk Ratio for AUS revision was 1.38 ($P = 0.21$), which is not statistically significant.



“Choosing a sling first **does not** appear to negatively prejudice the outcomes of a future salvage AUS.

Methods

Databases: PubMed, Web of Science, Scopus, Cochrane (to May 2025).

Studies included: 4 retrospective cohort studies.

Patients: 1,050 (108 prior sling, 942 no sling).

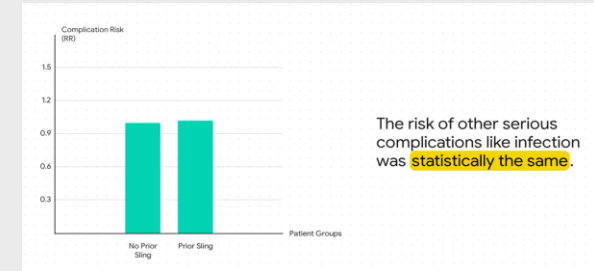
Primary outcome: AUS revision risk (3 years).

Secondary outcomes: continence (≤ 1 pad/day), mechanical & non-mechanical complications.

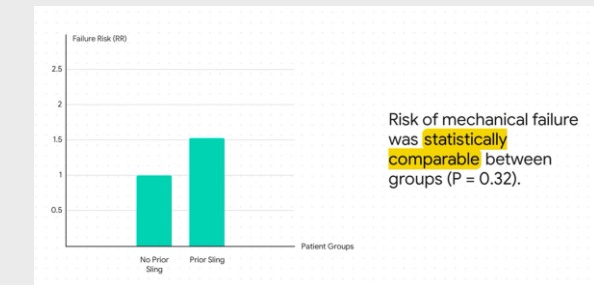
Results

Revision risk: No significant difference ($RR = 1.38$; $P = 0.21$).

Continence rate: Similar between groups ($RR = 0.99$; $P = 0.88$).



Mechanical failure: No significant difference ($RR = 1.53$; $P = 0.32$).



Non-mechanical failure: No significant difference ($RR = 1.02$; $P = 0.94$).

