Can we advise our patients when it is best to have an artificial urinary sphincter implanted? Abstract #527

Seguí Moya, E.; Muzammil, H.; Alhasso, A.
Western General Hospital. NHS Lothian. Edinburgh (Scotland), United Kingdom.

INTRODUCTION AND OBJECTIVES

- **Artificial Urinary Sphincter (AUS)** is the **gold standard** for post-prostatectomy incontinence (PPI)
- **Objective:** To evaluate outcomes of AUS in patients with prostate cancer, comparing those who underwent salvage radiotherapy (RT) or salvage radical prostatectomy (RP)

MATERIAL AND METHODS

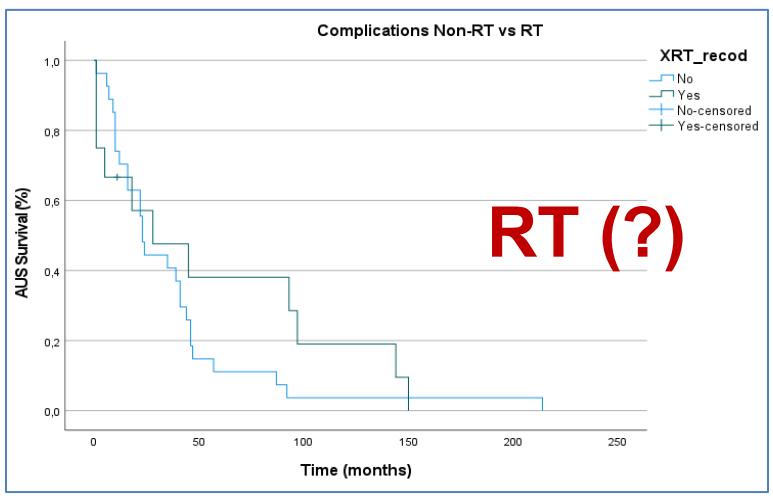
- **Retrospective analysis** → 2001-2020
  - Comorbidities (HTN, DM)
  - Complications
- **Statistical analysis → SPSS v.27**
  - Chi-Square: qualitative variables
  - Kaplan-Meier survival curves

RESULTS

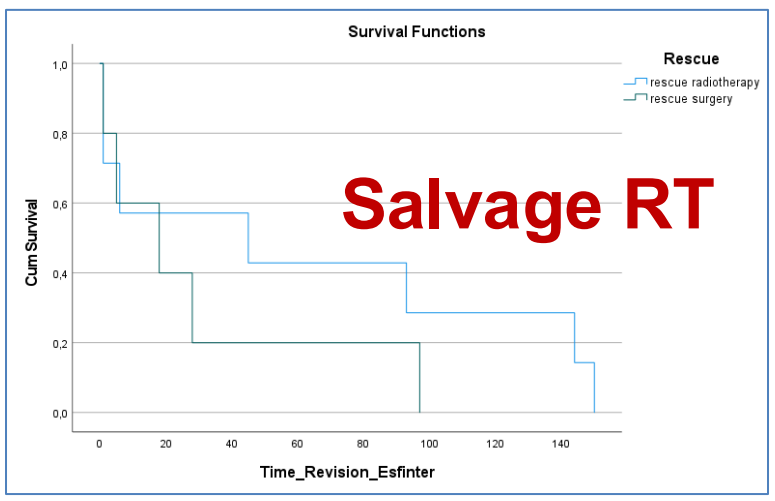
	All patients	Non-RT Group	RT Group
Nº patients, n (%)	96	67 (69.8)	29 (30.2)
Age (years)	77.03 (75.83-78.23)	76.85 (75.60-78.10)	77.45 (74.58-80.32)
Follow-up (years)	9.48 (8.7-10.25)	9.38 (8.42-10.3)	9.7 (8.31-10.25)
RP, n (%)	90 (93.75)	67 (74.4)	23 (25.5)
TURP, n (%)	6 (6.25)	0	6 (6.25)
Comorbidities, n (%)			
High BP	53 (56.4%)	34 (51.5%)	19 (67.9%)
Diabetes Mellitus	22 (23.7%)	16 (24.6%)	6 (21.4%)

17%
27%

Complications	**Groups**				
		RT (29)			
	Non-RT (67)	Salvage RT (18)	Salvage RP (11)	Total	p value
Mechanical n(%)	15 (22.4%)	2	1	3 (10.3%)	0.11
Infection n(%)	2 (2.98%)	3	1	4 (13.8%)	0.08
Erosion n(%)	3 (4.48%)	0	2	2 (6.7%)	0.6
Atrophy n(%)	8(11.94%)	2	1	3 (10.3%)	0.81
Total n (%)	28 (41.8%)	7	5	12 (41.4%)	



49m [CI 95% 1-150] vs 37m [CI 95% 1-214]



62m [CI 95% 13,8-111,9] vs 29m [CI 95% 0-64]

CONCLUSIONS

1. HTN and DM increase → Risk of Complications
2. RT → Risk of infection
3. More survival in RT group → ¿small sample?
4. **More survival in Salvage RT → IT IS BEST TO IMPLANT THE AUS AFTER RP VS AFTER RT**