

OUTCOMES OF VIRTUE® SLING INSERTION FOR POST-PROSTATECTOMY MALE STRESS URINARY INCONTINENCE.

Hypothesis / aims of study

An increasing number of men are now seeking surgical treatment for stress urinary incontinence (SUI). With the emergence of the less invasive sub-urethral slings, the dominance of the Artificial Urinary Sphincter (AUS) has been challenged.

From the original two-arm sling, Coloplast have introduced the Virtue®, a four-arm quadratic sling, designed to provide “ventral urethral elevation and distal compression.”

We examine our series, the largest in the literature to date, to investigate outcomes and complications.

Study design, materials and methods

28 Slings were implanted over a 3-year period. All patients have specialist continence follow-up at 6 weeks, 4 months and 1-year post procedure.

All patients suffered SUI as a consequence of radical prostatectomy. 4/26 patients had also been treated with adjuvant radiotherapy.

15/28 patients had trialled duloxetine, but had all failed due to either lack of efficacy or intolerable side effects

Results

	Total number	Mean Pre-operative Pad use/24hrs	Mean Post-operative Pad use/24hrs	Decrease Pad use /24hrs	Dry (no pad)	Dry (including safety pad)	Improved (Including post revision)
Sling	28	4.32 (2-8)	0.74 (0-3)	3.58	20/28 (71.4%)	24/28 (85.7%)	26/28 (92.9%)

3 minor complications were noted, these related to skin level irritation or infection.

3 patients were dissatisfied with their improvement and elected to proceed with AUS implantation. 2/3 were patients who had undergone both surgery and radiotherapy and had very poor tissue quality noted at the time of sling insertion.

Of the sling failures, 2 have been successfully salvaged with an artificial urinary sphincter (AUS) and the third patient is awaiting surgery.

Interpretation of results

Male sub-urethral sling insertion is a procedure with high satisfaction and low complication rates.

Concluding message

Male sling insertion with the Coloplast Virtue® provides good quality restoration of continence with minimal complications for post-prostatectomy SUI. Patients who fail can be reassured that subsequent AUS insertion does not appear to be compromised by prior sling surgery. Patient who have undergone combined surgery and radiotherapy must be counselled about the higher failure rate. Salvage AUS may still be possible but the numbers are too small to provide a definitive answer.

Disclosures

Funding: R Rees has acted as a paid mentor for training on Virtue Sling insertion. **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Prospective data collection on normal clinical practice **Helsinki:** Yes **Informed Consent:** Yes