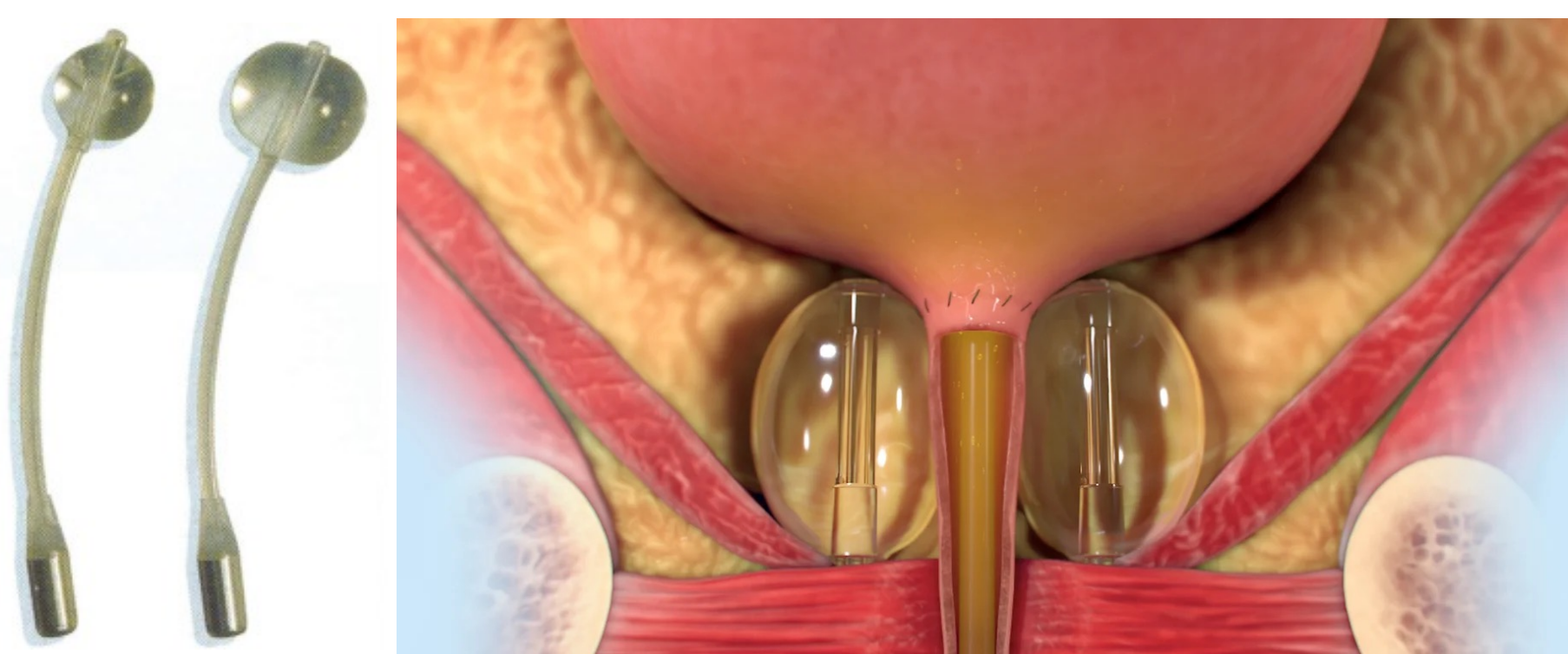


SECONDARY PLACEMENT OF ADJUSTABLE CONTINENCE THERAPY (ProACT™) USING OPEN PERINEAL TECHNIQUE



Introduction and Objectives

- Male stress urinary incontinence (SUI) can occur following prostate cancer therapy or due to sphincter dysfunction
- The artificial urinary sphincter (AUS) is the gold standard for moderate to severe incontinence in men
- Adjustable continence therapy (ProACT) is a minimally invasive treatment that can be adjusted in the outpatient setting without active patient manipulation

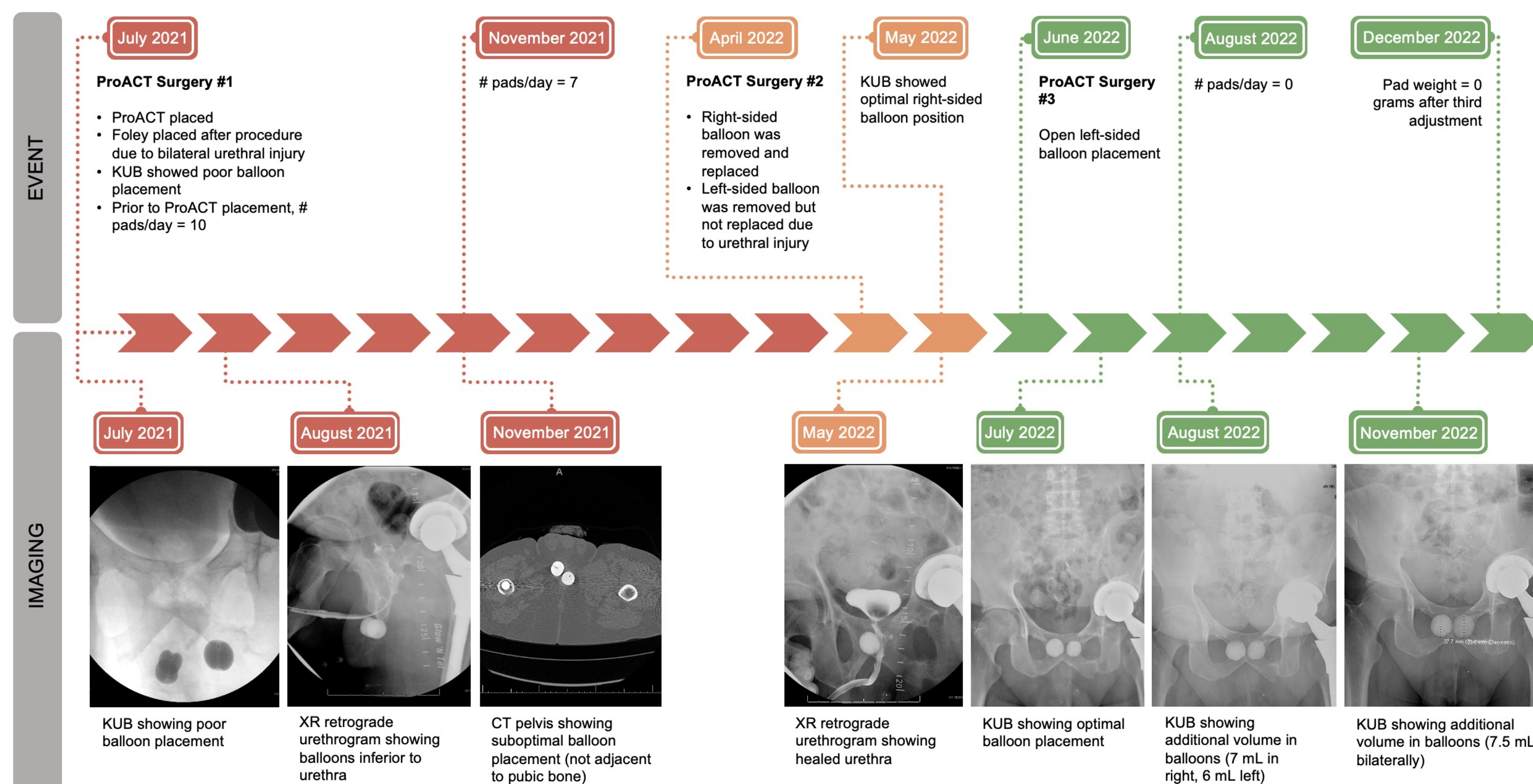


Case Presentation

- 53 M with hx of intrinsic sphincter deficiency following pelvic fracture from MVA in 1988
- Surgical timeline:
 - 1995: Bulbar AUS placed
 - 2010: AUS removal and replacement due to urethral atrophy
 - 2011: AUS salvage due to infection and skin erosion
 - 2018: AUS removal and replacement due to urethral atrophy
 - 2019: AUS removal due to urethral erosion
 - 2020: Bladder neck AUS placed, then removed due to erosion
- Patient eventually presented with complete incontinence and elected to undergo ProACT placement

For questions or complete bibliography:
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Timeline



Follow Up

- One month following the 2nd ProACT surgery using the open approach, patient reported improved continence
- After 3 adjustments, he had complete resolution of his incontinence (24-hour pad weight of 0 grams)
- Post-op imaging with no evidence of balloon migration and optimal placement of balloons bilaterally

Conclusions

- Safe AUS placement may not be feasible in patients with a compromised urethra from prior urethroplasty, erosion, or radiation
- ProACT is a viable option in patients who have failed or are not candidates for traditional continence mechanisms (e.g., male perineal sling or AUS)
- In patients with devastated urethras, an open approach can be utilized to achieve appropriate positioning of the balloons

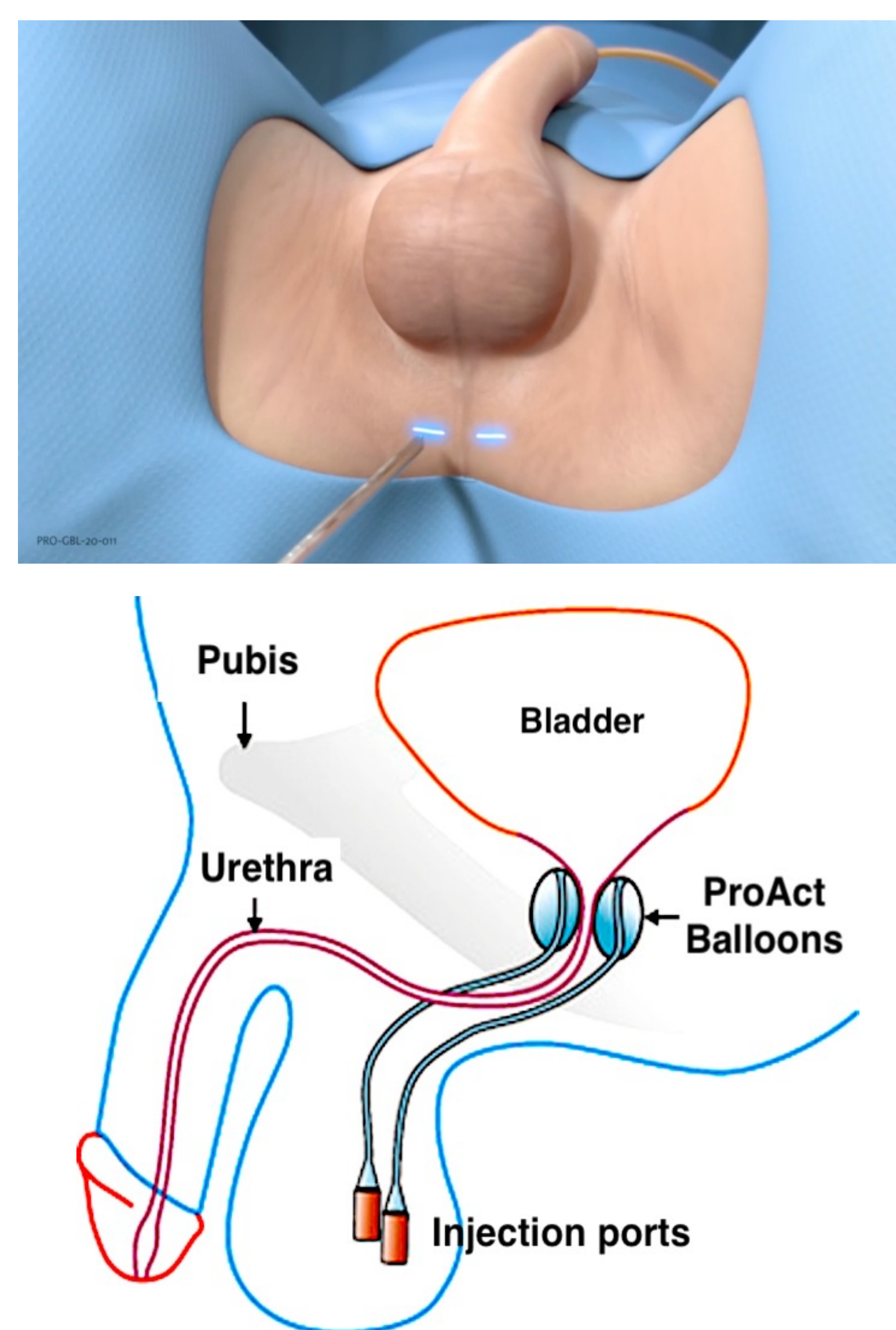
Disclosures

Brian Flynn, MD is an investigator for Boston Scientific and Uromedica.

References

- Caremel R, Corcos J. Incontinence after radical prostatectomy: Anything new in its management? *Can Urol Assoc J.* 2014;8(5-6):202-12. doi: 10.5489/cuaj.1349. PubMed PMID: 25024791; PubMed Central PMCID: PMC4081251.
- Chung E, Katz DJ, Love C. Adult male stress and urge urinary incontinence - A review of pathophysiology and treatment strategies for voiding dysfunction in men. *Aust Fam Physician.* 2017;46(9):661-6. PubMed PMID: 28892597.
- Chong JT, Simma-Chiang V. A historical perspective and evolution of the treatment of male urinary incontinence. *Neurourol Urodyn.* 2018;37(3):1169-75. Epub 20171020. doi: 10.1002/nau.23429. PubMed PMID: 29053886.
- Nash S, Aboseif S, Gilling P, Gretzer M, Samowitz H, Rose M, et al. Treatment with an adjustable long-term implant for post-prostatectomy stress incontinence: The ProACT™ pivotal trial. *Neurourol Urodyn.* 2018;37(8):2854-9. Epub 20180903. doi: 10.1002/nau.23802. PubMed PMID: 30178536.
- Anderson KM, Higuchi TT, Flynn BJ. Management of the devastated posterior urethra and bladder neck: refractory incontinence and stenosis. *Transl Androl Urol.* 2015;4(1):60-5. doi: 10.3978/j.issn.2223-4683.2015.02.02. PubMed PMID: 26816811; PubMed Central PMCID: PMC4708273.

ProACT™ (Uromedica)



Balloon Positioning

