**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
  - 2011: 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

**Timeline**

- **July 2021**: ProACT Surgery #1
  - ProACT placed
  - Foley removed after procedure
  - No related incontinence injury
  - X-ray showed proper balloon placement
  - Prior to ProACT placement, 8 pad/day = 10
- **November 2021**: # pad/day = 7
- **April 2022**: ProACT Surgery #2
  - Right-sided balloon was removed and replaced
  - Left-sided balloon was removed but not replaced due to unnoticed injury
- **May 2022**: X-ray showed optimal right-sided balloon position
  - X-ray showed optimal left-sided balloon placement
- **July 2022**: # pad/day = 0
  - 24-hour pad weight of 0 grams
- **November 2021**: X-ray showing optimal volume in balloons (7 mL in right, 6 mL in left)
- **December 2021**: X-ray showing additional volume in balloons (7.3 mL bilaterally)

**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**