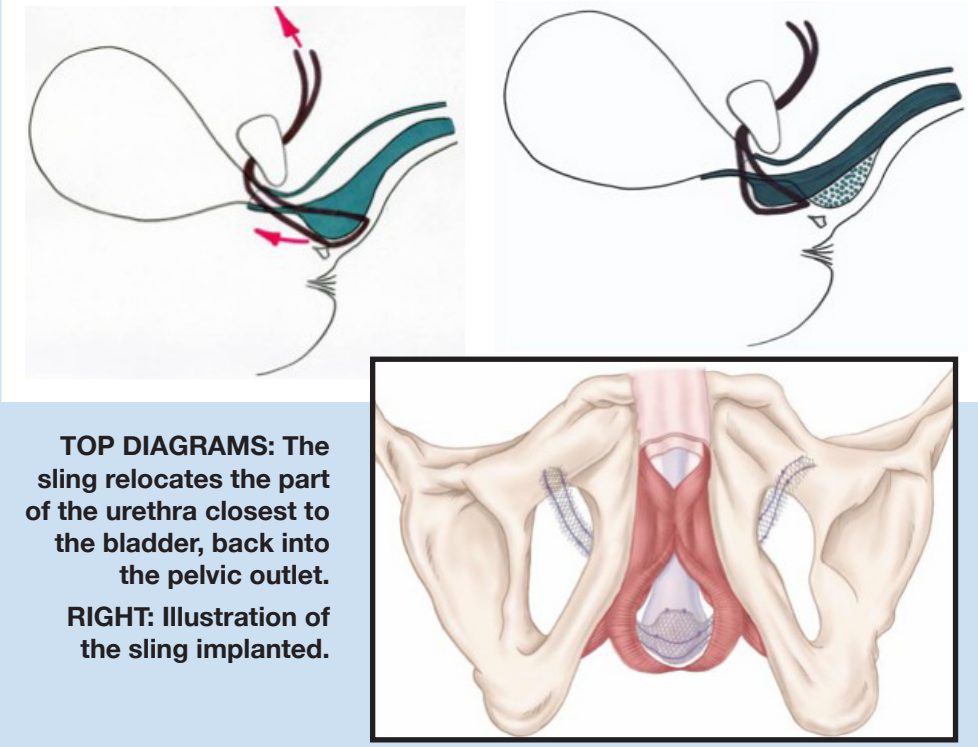
Sling surgery could stop incontinence incidents

A new, minimally invasive male sling has been designed to aid incontinence after prostate surgery, as urologist Dr Samantha Pillay reports.



TOP DIAGRAMS: The sling relocates the part of the urethra closest to the bladder, back into the pelvic outlet.

RIGHT: Illustration of the sling implanted.

STRESS incontinence can be an unfortunate result of prostate surgery in men, especially after radical prostatectomy for prostate cancer.

The gold standard treatment is implantation of an artificial urinary sphincter, which is a three-part device requiring the patient to operate the device via a pump implanted in the scrotum every time they need to empty their bladder.

Another option is injectable agents such as carbon, collagen or silicone to narrow the urethra, but although these are minimally invasive and used successfully in female incontinence, the results in men have proved to be poor.

With many valuable lessons learned from the treatment of incontinence in women, recent designs of minimally-invasive slings have evolved, aiming to bridge the unfortunately wide gap that exists between less invasive injectables and the more invasive artificial sphincter.

The new Advance sling shows promise. Developed by Dr C Gozzi and Dr P Rehder from Austria, inserting this smart device requires only a small incision in the perineum and a small exit wound in each groin.

Doctors Gozzi and Rehder visited Australia in 2006 to train a handful or surgeons in this procedure.

The ideal patient for this type of sling is a man with mild to moderate urinary incontinence, using approximately five pads or less a day. Those with more severe incontinence probably still enjoy the best results from the implementation of an artificial sphincter.

Patients who have had radiotherapy or who have a lot of scarring of the urethra from strictures may also not be suitable for slings.

The Advance sling has advantages over the sphincter due to it requiring a shorter operation, involving less pain and a quicker recovery, with usually only one night in hospital required.

The sling procedure is effective immediately, where as a sphincter is not activated until six weeks after surgery, and a sling does not require the patient to activate a device when urinating. (Patients who have a sling fitted are still recommended to avoid straining or lifting for at least six weeks.) All available treatments may considerably improve this debilitating problem, although there is no guarantee that they can get a patient completely dry in every situation. Many patients improve to a level with minimal leakage of either none or only one pad a day.

As the Advance sling is a new procedure, published studies are small and more information is needed from larger clinical trials.

Still, early results are promising. Urologists can discuss various treatment options and help sufferers to decide which is the best treatment for them.