

BLADDER NECK ARTIFICIAL URINARY SPHINCTER (BN AUS) FOR RECURRENT OR COMPLEX PRIMARY, URODYNAMICALLY PROVEN STRESS AND MIXED URINARY INCONTINENCE - OUTCOMES FROM A TERTIARY REFERRAL CENTRE

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Aim

- To assess the outcome of BN AUS insertion for recurrent or complex primary urodynamically proven stress urinary incontinence (SUI) and stress-predominant mixed urinary incontinence (MUI)

Materials and method

- Prospective database kept from 2006 – 2016 from a single centre (2 surgeons) of women having BN AUS for SUI and MUI
- Data collected re type and aetiology of incontinence, previous surgery, type of procedure and outcomes in terms of cure and complications

Results

There were 34 primary implants, 12 device replacements following mechanical failure and 4 new implants following explantation of an earlier device for erosion

Aetiology of incontinence:

- Neurological (N = 17)
- Recurrent SUI (N = 16)
- Epispadias (N = 6)
- Pelvic fracture urethral injury (N = 4)
- Bilateral single ectopic ureter (N = 3)
- Urethrovaginal fistula (N = 1)
- Augmentation urethroplasty (N = 1)
- Congenital Mullerian anomaly (N = 1)
- Undiversion (N = 1)

Conclusion

- BN AUS has a 6% acute infection/erosion rate and a 16% chronic infection/erosion rate requiring explantation
- For the 78% of women with functioning devices, incontinence is cured in 85% and improved in a further 10%

Results

50 women aged 50.5 years (range 27-69). Results and complications outlined in table below

	Single Stage Procedure	Staged Procedure	Cuff alone	Total
N	25	21	4	50
Component Repositioning	1	3	0	4 (8%)
Mechanical Malfunction	0	2	0	2 (4%)
Device Infection	1	1	1	3 (6%)
Device Erosion	6	2	0	8 (16%)
Device Explantation	7	3	1	11 (22%)
New onset detrusor overactivity	0	1	0	1 (2%)
CISC	8	6	1	15/39 (38%)*
Dry with AUS	16	14	3	33/39 (85%)*
Improved with AUS	2	2	0	4/39 (10%)*
Wet with AUS	0	2	0	2/39 (5%)*

*39 patients remaining after the 11 explants