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PENOSCROTAL APPROACH FOR ARTIFICIAL URINARY SPHINCTER

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Objectives: Artificial urinary sphincter (AUS) is considered the standard surgical procedure for persistent stress incontinence when more conservative treatments (such as pelvic floor physiotherapy) fail. The main surgical approach is still the perineal approach which typically consists of two incisions: a perineal incision and an inguinal incision. This approach is most commonly used and described in the literature and it is stated in the AUA guidelines as the preferred approach. The penoscrotal approach consists of only one incision, is associated with shorter operation times and is considered an overall easier approach, when executed properly. This approach remains controversial as it should lead to lower dry-rates and is associated with more complications, like for example urethral erosion (as mentioned in the EAU guidelines).

Methods: In this study, we wanted to take a closer look at the penoscrotal incision and the results of this approach. We reviewed 156 patient files of patients who received an AUS through a penoscrotal incision, no revision implantations or double prosthesis (penile prosthesis and AUS) implantations were included. This is a retrospective review of a single surgeon database from 2014 to 2024. We looked at mean patient age, average cuff size, operation times, per-and postoperative complications, dry-rates at several post-operative times and revision rates.

Results: Mean patient age was 72, average cuff size was 4 cm, mean operation time was 28 minutes, most common post-operative complication was retention (9 patients, 5,8%), dry-rate at 6 months post implantation was 102 (65,4%) who were completely dry and 128 (81,5%) patients were socially continent (defined as dry or maximum 1 pad per day). 50 patients needed a revision (32,1%), which is in line with revision rates in the literature. Mean follow up was 37,7 months.

Conclusions: The penoscrotal approach for AUS should be considered a valid alternative for the perineal approach, especially when taking into account the advantages in comparison to the classic perineal way.

Conflicts of Interest:/.