

Abstract citation ID: qdag118.396**(45) THE VITAL ROLE OF NURSES IN THE FOLLOW UP OF PATIENTS WITH AN ARTIFICIAL URINARY SPHINCTER***M. Lenaers¹, K. Van Renterghem¹**¹Jessa Hospital*

Introduction: More than 50 artificial urinary sphincter procedures are performed annually in our hospital. Since January 2019, we are participating in the European Association of Urology (EAU) SATURN Study, a prospective, multicenter data collection project involving male patients undergoing surgery for stress urinary incontinence, with a maximum follow-up of 10 years.

Objective: As prosthetic nurses, we are responsible for data collection for our cohort of 67 patients. Participating in this large European study has been highly motivating, as several findings have already been published - for example, Verbeke et al. (2025) demonstrated that the penoscrotal approach is a viable alternative to the perineal method. In addition, participation in the SATURN study has proven to be highly valuable for our own clinical practice. It provides an opportunity for structured, annual follow-up of our patients and allows us to anticipate and respond proactively to their evolving needs.

Methods: For over six years, we have conducted annual telephonic follow-ups with all enrolled patients to collect new data. Each interview includes questions regarding urinary incontinence and possible complications, as well as two validated questionnaires: the ICIQ-UI Short Form, assessing the frequency, severity, and impact of urinary incontinence on quality of life, and the EQ-5D-5L, evaluating health-related quality of life. These responses are not only relevant for the SATURN study but also provide valuable insights for us as prosthetic nurses in the ongoing follow-up of these patients. Each phone conversation lasts on average 5 to 15 minutes, yet its impact on patient satisfaction and continuity of care is significant.

Results: Over the years, these telephone interviews have proven to yield valuable information for both the SATURN study and our local practice. They allow healthcare providers to continuously learn from patients' experiences with the artificial urinary sphincter and to identify the most common issues or discomforts. This systematic follow-up enables early detection and timely intervention. In some cases, patients report recurrent or persistent incontinence, even though they have not proactively requested an appointment. Through these structured calls, such issues can now be identified and addressed. Depending on the findings, a clinical consultation may be scheduled for further assessment. In other cases, providing information, reassurance, and education about the device's mechanism or lifestyle advice is sufficient to improve continence and satisfaction. By promoting patient awareness and encouraging behavioral adaptations, we often achieve better outcomes in terms of continence, satisfaction, and quality of care.

Conclusions: Extended and structured follow-up after artificial urinary sphincter implantation benefits not only the SATURN study but also the healthcare providers and the

patients themselves. It enhances our understanding of patient experiences, supports evidence-based nursing practice, and ultimately contributes to higher-quality, patient-centered urological care.

Disclosure: Yes, this is sponsored by industry/sponsor: Boston scientific

Clarification: No industry support in study design or execution

Any of the authors act as a consultant, employee or shareholder of an industry for: Boston Scientific - Rigicon - Coloplast