Actas Urol Esp. 2018;42(3):185–190

Actas Urológicas Españolas

www.elsevier.es/actasuro

ORIGINAL ARTICLE

Long-term follow-up of the AdVance®/AdVanceXP® sling. What are the surgeons' impressions? What are the patients'?☆

A. Romero Hoyuela*, L. Reina Alcaina, E. Izquierdo Morejon, A. Rosino Sanchez, C. Carrillo George, A. Rivero Guerra, I. Barcelo Bayonas, A. Pardo Martinez, V. Muñoz Guillermo, B. Pietricica, T. Fernandez Aparicio, G. Hita Villaplana, B. Miñana Lopez

Servicio de Urología, Hospital Universitario Morales Meseguer, Murcia, Spain

Received 22 June 2017; accepted 11 September 2017
Available online 23 February 2018

KEYWORDS
Urinary incontinence;
Suburethral sling;
Prostatectomy;
Quality of life

Abstract
Objectives: To analyze the safety, efficacy and quality of life of patients with male stress urinary incontinence after radical prostatectomy treated with the AdVance® and AdvanceXP® slings.
Patients and method: The study included 92 patients with stress urinary incontinence after radical prostatectomy treated with the AdVance® and AdVanceXP® sling between May 2008 and December 2015. A perineal repositioning test was performed in all cases with sphincter coaptation of ≥1.5 cm. Mild stress urinary incontinence was defined as the use of 1–2 absorbers/24 h; moderate was defined as 3–5 absorbers/24 h; and severe was defined as more than 5 absorbers/24 h. Healing was defined as the total absence of using pads; improvement was defined as a reduction >50% in the number of pads; and failure was defined as a reduction <50, no improvement or worsened incontinence. Check-ups were conducted at 3, 12 and 36 months after the surgery. We employed the International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) for the quality of life index. The complications are listed according to the Clavien-Dindo classification.
Results: The degree of preoperative incontinence was mild in 23.9%, moderate in 67.4% and severe in 8.7% of the patients. The mean use of preoperative pads was 3.1 (range 1–6, 95% CI). The mean preoperative ICIQ-SF score was 16.5 (15–20). Sphincter coaptation ≥1.5 cm using the perineal repositioning test was present in 87 patients (94.6%). The mean follow-up from

☆ Please cite this article as: Romero Hoyuela A, Reina Alcaina L, Izquierdo Morejon E, Rosino Sanchez A, Carrillo George C, Rivero Guerra A, et al. Seguimiento a largo plazo del cabestrillo AdVance® /AdVanceXP®. ¿Qué piensa el cirujano?, ¿qué piensa el paciente? Actas Urol Esp. 2018;42:185–190.

* Corresponding author.
E-mail address: antonio.romero6@carm.es (A. Romero Hoyuela).

insertion of the sling was 42.1 months. Some 89.1% of the patients were healed at 3 months, 70.7% were healed at 12 months, and 70.4% were healed at 36 months. The ICIQ-SF score at 3, 12 and 36 months showed significant improvement ($p < 0.001$) compared with the preoperative score.
Conclusions: The Advance® and AdvanceXP® system are effective over time in terms of urinary continence and patient satisfaction.

PALABRAS CLAVE
Incontinencia urinaria;
Cabestrillo suburetral;
Prostatectomía;
Calidad de vida

Seguimiento a largo plazo del cabestrillo AdVance®/AdVanceXP®. ¿Qué piensa el cirujano?, ¿qué piensa el paciente?

Resumen
Objetivos: Analizar la seguridad, la eficacia y la calidad de vida del paciente con incontinencia urinaria de esfuerzo masculina tras una prostatectomía radical, tratados con el cabestrillo AdVance® y AdvanceXP®.
Pacientes y método: Se han incluido en el estudio 92 pacientes con incontinencia urinaria de esfuerzo tras una prostatectomía radical tratados mediante cabestrillo AdVance® y AdVanceXP® entre mayo de 2008 y diciembre de 2015. Se realizó en todos los casos test de reposición perineal con coaptación esfinteriana $\geq 1{,}5$ cm. Se definió incontinencia urinaria de esfuerzo leve como el uso de 1-2 absorbentes/24 h; moderada: 3-5 absorbentes/24 h, y grave más de 5 absorbentes/24 h. Como curación se definió la ausencia total de uso de absorbentes, mejoría cuando la reducción fue mayor del 50% en el número de estos y fracaso cuando la reducción fue menor del 50%, no se obtuvo mejoría o se produjo un empeoramiento de la incontinencia. Se realizaron controles a los 3, 12 y 36 meses tras la cirugía. El índice de calidad de vida utilizado fue el International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF). Las complicaciones se reflejaron según la clasificación de Clavien-Dindo.
Resultados: El grado de incontinencia preoperatoria fue de tipo leve en el 23,9%, moderada en el 67,4% y grave en el 8,7%. El uso medio de absorbentes preoperatorio fue de 3,1 (rango 1-6, IC 95%). La puntuación media preoperatoria del test ICIQ-SF fue de 16,5 (15-20). La coaptación esfinteriana $\geq 1{,}5$ cm mediante el test de reposicionamiento perineal estaba presente en 87 pacientes (94,6%). El seguimiento medio desde la inserción del cabestrillo fue de 42,1 meses. El porcentaje de pacientes curados a los 3 meses fue del 89,1%, a los 12 meses del 70,7% y a los 36 meses del 70,4%. La puntuación del ICQ-SF a los 3, 12 y 36 meses mostró una mejoría significativa ($p < 0{,}001$) respecto a la puntuación preoperatoria.
Conclusiones: Los sistemas Advance® y AdvanceXP® se muestran eficaces en el tiempo en cuanto a la continencia urinaria y la satisfacción del paciente.

Introduction

Urinary incontinence after radical prostatectomy is a relatively frequent sequel in which several factors intervene, sphincter insufficiency being the most frequent etiology.[1] The artificial urinary sphincter is considered the 'gold standard' treatment; however, new less invasive devices are being proposed with good results.[2] The appearance in the therapeutic arsenal of the male sling system AdVance® (American Medical Systems, Minnetonka, Minnesota, U.S.A.) opened a new treatment modality for stress urinary incontinence (SUI).

The AdVance® system was introduced by Rehder and Gozzi in 2007,[3] and subsequently modified and provided with greater stability through the Tyvek® system, located on the anchoring arms with the intention of improving the initial positioning. Several studies in the medium and long term have referenced the results of the AdVanceXP® system.[4–6]

The objective of this study is to evaluate the results in the recovery of urinary continence through the AdVance® and AdVanceXP® system after 3 years of follow-up, as well as the patient's perception through the ICIQ-SF quality of life test.

Patients and method

A retrospective study was carried out that included all the patients with SUI after radical prostatectomy operated at the Morales Meseguer General University Hospital in Murcia (Spain) between May 2008 and December 2015 with the AdVance® and AdVanceXP® systems, and who underwent at least one postoperative revision at 3 months. A pelvic floor rehabilitation protocol was performed after radical surgery with a minimum of 8 sessions. Treatment with the AdVance® sling was established after 12 months of radical prostatic surgery in all patients.