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CASUISTRY

Long-term follow-up for the treatment of male urinary incontinence with the Remeex system☆

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KEYWORDS
Adjustable suburethral sling;
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Abstract

Objectives: To relate our experience in treating postprostatectomy stress urinary incontinence (SUI) with the male Remeex system (MRS). We also list the elements that comprise this system, the implantation technique and its proper adjustment. Similarly, we attempt to determine whether the latest changes made to this device, which constitute the MRS-II, have resulted in fewer mesh readjustments.

Material and method: From March 2007 to March 2014, we operated on 24 men with postprostatectomy SUI between the ages of 55 and 78 years (mean, 67 years), through the placement of a Remeex suburethral tension-adjustable sling. All patients had severe urinary incontinence, with considerable impact on their quality of life.

Results: All patients, except for 2 who required the removal of the system, remained continent. Nine of the patients (39%) occasionally required incontinence pads when performing intense physical exercise. The mean number of adjustments was 2.4 (range 0–6). The score on the Incontinence Impact Questionnaire (IIQ 7) performed before the surgery and 6 months after, went from 79 ± 7 points to 11 ± 3, with a very high degree of satisfaction.

Conclusions: The MRS is a valid therapeutic option for postprostatectomy incontinence and is a reproducible technique that is easy to perform, has a low rate of complications and provides excellent and lasting results. There is also a clear trend toward reducing number of adjustments with the new MRS-II.

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PALABRAS CLAVE
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Remeex

Seguimiento a largo plazo en el tratamiento de la incontinencia urinaria masculina con el sistema Remeex

Resumen

Objetivos: Poner de manifiesto nuestra experiencia en el tratamiento de la incontinencia urinaria de esfuerzo (IUE) posprostatectomía con el sistema Remeex masculino (SRM). Asimismo, describimos los elementos que componen dicho sistema, técnica de implantación y su adecuado ajuste. Igualmente, pretendemos comprobar si las últimas modificaciones realizadas en dicho dispositivo, que constituye el SRM-II, han supuesto un menor número de reajustes de la malla.
Material y método: Desde marzo de 2007 hasta marzo de 2014 hemos intervenido a 24 varones afectos de IUE posprostatectomía con edades comprendidas entre 55 y 78 años (media 67 años), mediante la colocación de una malla suburetral de tensión regulable tipo Remeex. Todos ellos presentaban una incontinencia urinaria severa con gran afectación de su calidad de vida.
Resultados: Todos los pacientes, excepto en 2 casos que precisaron retirada del sistema, se mantienen secos, necesitando ocasionalmente 9 de ellos (39%) compresa de seguridad si realizan ejercicio físico intenso. El número medio de reajustes fue de 2,4 (rango 0–6). La puntuación del *Incontinence Impact Questionnaire* realizado antes de la intervención y 6 meses después pasa de 79 ± 7 puntos a 11 ± 3, siendo el grado de satisfacción muy elevado.
Conclusiones: El SRM constituye una opción terapéutica válida para la incontinencia posprostatectomía, siendo una técnica reproducible, de fácil ejecución, con una baja tasa de complicaciones, proporcionando unos resultados excelentes y duraderos. Asimismo, parece existir una clara tendencia a la disminución del número de reajustes con el nuevo SRM-II.

Introduction

The most common etiology of male stress urinary incontinence (SUI) is iatrogenic, the increasing use of radical prostatectomy for the treatment of prostate carcinoma being the main determinant of its current increase.[1–3]

Unlike what happens in female SUI, where the placement of tension-free suburethral meshes provides a high number of cures with simple interventions, which can even be done on an outpatient basis under local anesthesia-sedation,[4] treatment of SUI in men is much more complex.

In male SUI, after a period of conservative treatment of at least one year, the artificial urinary sphincter is the treatment of choice, being now the benchmark to which all other techniques are compared. However, this procedure is not without complications, which has meant that in recent years other therapeutic alternatives have emerged based on the excellent results obtained with tension free suburethral meshes used in women. Thus, various male sling techniques have been used with variable follow-up and experience.[5–8] Within these, the Remeex type adjustable suburethral sling (male Remeex system [MRS]), of Spanish patent and manufacturing, of much lower economic cost than that of the sphincter, which consists of a mesh that is positioned suburethrally and acts compressing the ventral side and part of the lateral side of the urethra, thereby preventing ischemia injury, which in turn allows for a more physiological micturition than that provided by the artificial sphincter.

Description of the male Remeex system

The MRS consists of a suburethral prolene monofilament mesh of 3.5 cm × 1.5 cm, whose ends terminate in a scalloped suture of prolene n.° 1. The mechanical regulator, called varitensor, constitutes a permanent subcutaneous implant that is connected to a base plate resting on the fascia of the anterior rectus about 2 cm away from the symphysis of the pubis. An external manipulator, which exits through the suprapubic wound, makes it possible to adjust the suburethral pressure applied by the mesh. A special screwdriver, called decoupler, makes it possible to disconnect the manipulator of the varitensor once the desired degree of continence is obtained.

In the mid 2011s, the MRS had a number of changes made with the fundamental goal of reducing the number of adjustments needed to achieve continence. Of those modifications, which constitute the MRS-II, the most important was the design of a larger base plate that makes it possible to maintain the threads of traction in a more lateral position and away from the bladder, getting a straight line from the implant, avoiding the loss of thread tension and, therefore, of continence (Fig. 1).

Material and methods

From March 2007 to March 2014, with the approval of the ethics committee of our institution, we operated on 24 men affected with stress urinary incontinence postprostatectomy aged between 55 and 78 (mean 67), by placing MRS. All of