



Male Urinary Incontinence



WILLIAM
OSLER
HEALTH
CENTRE

Etobicoke Hospital Campus
Brampton Memorial Hospital Campus
Georgetown Hospital Campus
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WOHC - PMH

Surgically Correctable Problems

- **Sphincter related**
- Postoperative
 - - **Post-prostatectomy for prostate cancer**
 - - Post-prostatectomy for benign disease
 - - **TURP and radiation for prostate cancer**
 - - Post-cystectomy and neobladder for bladder cancer
- Post-traumatic
 - - After prostato-membranous urethral reconstruction
 - - Pelvic floor trauma
- Unresolved pediatric urologic incontinence
 - - Exstrophy and epispadias
- **Bladder related**
- Refractory urge incontinence due to detrusor overactivity
- Small fibrotic bladder
- **Fistulae**
- Prostato-rectal
- Urethrocutaneous

Post- Radical Prostatectomy Incontinence

- The reported incidence of post-radical prostatectomy incontinence varies widely.
- 50% immediately after removing the catheter
- Much reduced incidence by 1 ½ yrs
- ? Nerve sparing improved incontinence rates
- ?Bladder neck or urethral sparing surgery of any value
- 8% to 35% incontinent at 1 yr

Brachytherapy

- Risk of urinary retention is 1 to 14 % (Crook)
- After TURP or TUIP high risk of incontinence

INCONTINENCE AFTER EXTERNAL BEAM RADIOTHERAPY AND SURGERY FOR PROSTATE CANCER

- 0 to 11%
- TURP higher risk
- AUS reoperation rates 38% compared to 22% in non radiated patients
- Collagen results poor

Cryotherapy

- Incontinence rates 3 to 27%

DEVICES FOR CONTAINMENT OF URINARY INCONTINENCE

- **1. ABSORBENT PRODUCTS**
- **2. COLLECTING DEVICES**
- **3. OCCLUDING DEVICES**

LIFESTYLE INTERVENTIONS

- 1. REDUCTION IN BODY WEIGHT
- 2. REDUCTION IN CIGARETTE SMOKING
- 3. REDUCTION IN CAFFEINE INTAKE
- 4. REDUCTION IN FLUID INTAKE
- 5. REDUCTION IN ALCOHOL

BEHAVIORAL THERAPY

- **1. BLADDER TRAINING**
- **2. TIMED (SCHEDULED) VOIDING**
- **3. PROMPTED VOIDING**

PELVIC FLOOR MUSCLE TRAINING AND ELECTRO- STIMULATION

- Kegels

When to Operate?

- 6 to 12 months at least of conservative therapy

Severity of Incontinence

	Mild	Moderate	Severe
PADS/Day	1 – 2	3 – 5	5 +

Treatment of Mild Urinary Incontinence

Drugs

- Ephedrine
- Pseudoephedrine
- Duloxetine
- Oxybutinin
- Tolteridine
- Imipramine

Peri-Urethral Injections

- Collagen
- Teflon
- Fat
- Thermoplastique
- Deflux

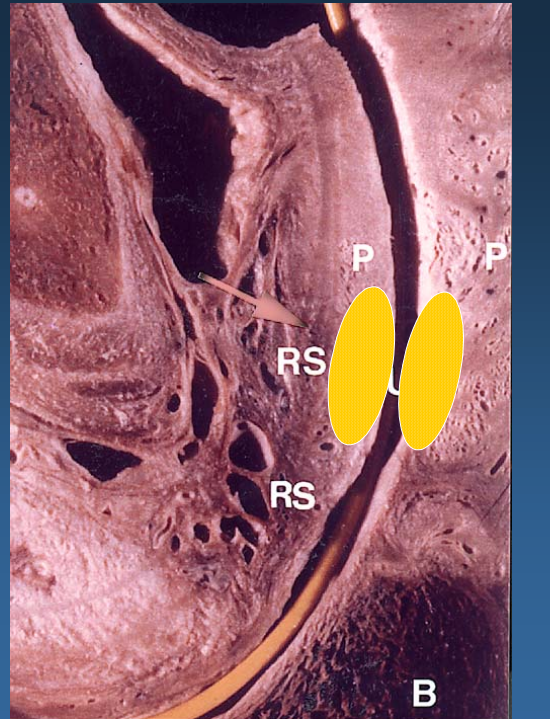
Results of transurethral collagen injection therapy for postprostatectomy incontinence

Investigators	No. Pts.	Mean F/U(mo)	Mean Injections	No Mean Volume (cc)	% Cured	% Improved	% Failed
Shortliffe et al 43	14	19-23	1.6	28.4	21	36	
Herschorn et al 30	10	6	4.7	51.8	20	50	
Bevan-Thomas 41	257	28	4.4	36.6	20	39	
Smith et al 62	54	29	4	20	-	38	
Cespedes et al 38	110	7	4.2	28.4	53	9	
Aboseif et al 15	88	10	2.8	31	48	37	
Martins et al 30	46	26	2.8	31	24	46	
Faerber and Richardson	68	28	5	26	19	19	

Deflux

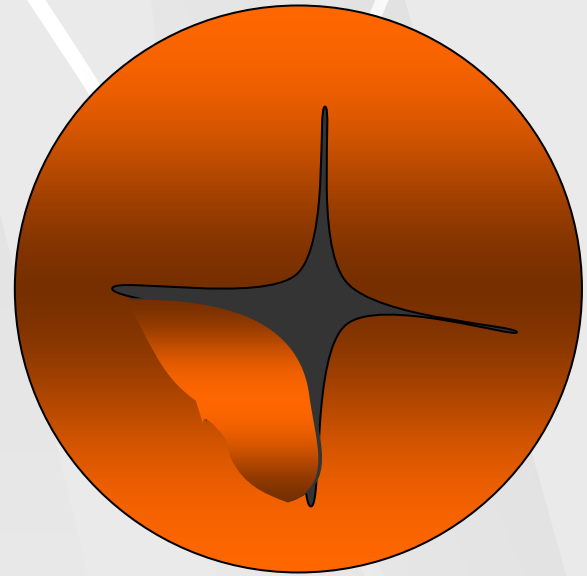
- Periurethral injection

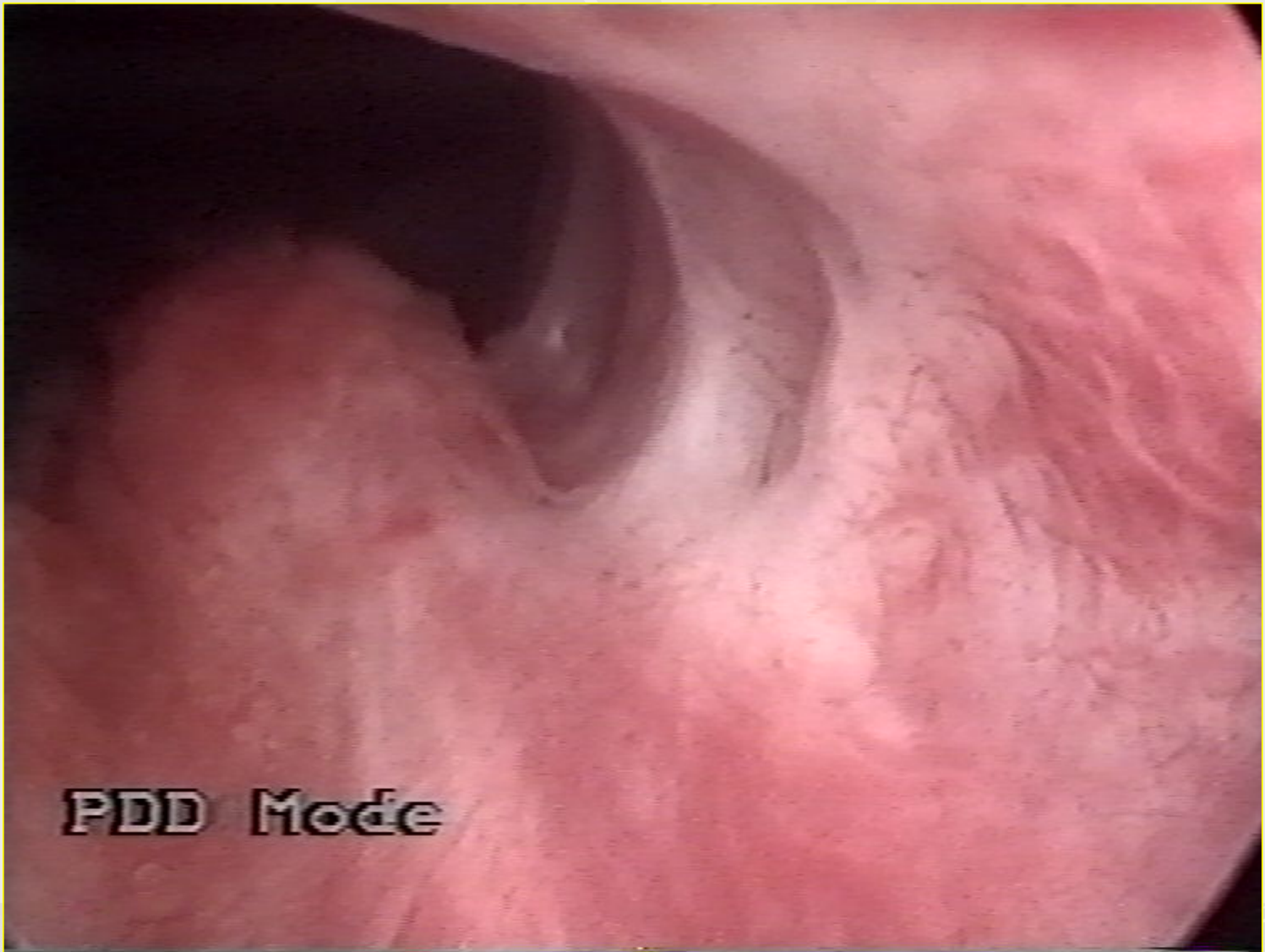
Anatomical Location of Injectable



Mechanism of Action

- Submucosal “cushion”
- Filling of defect
- LaPlace equation: $p = T/r$



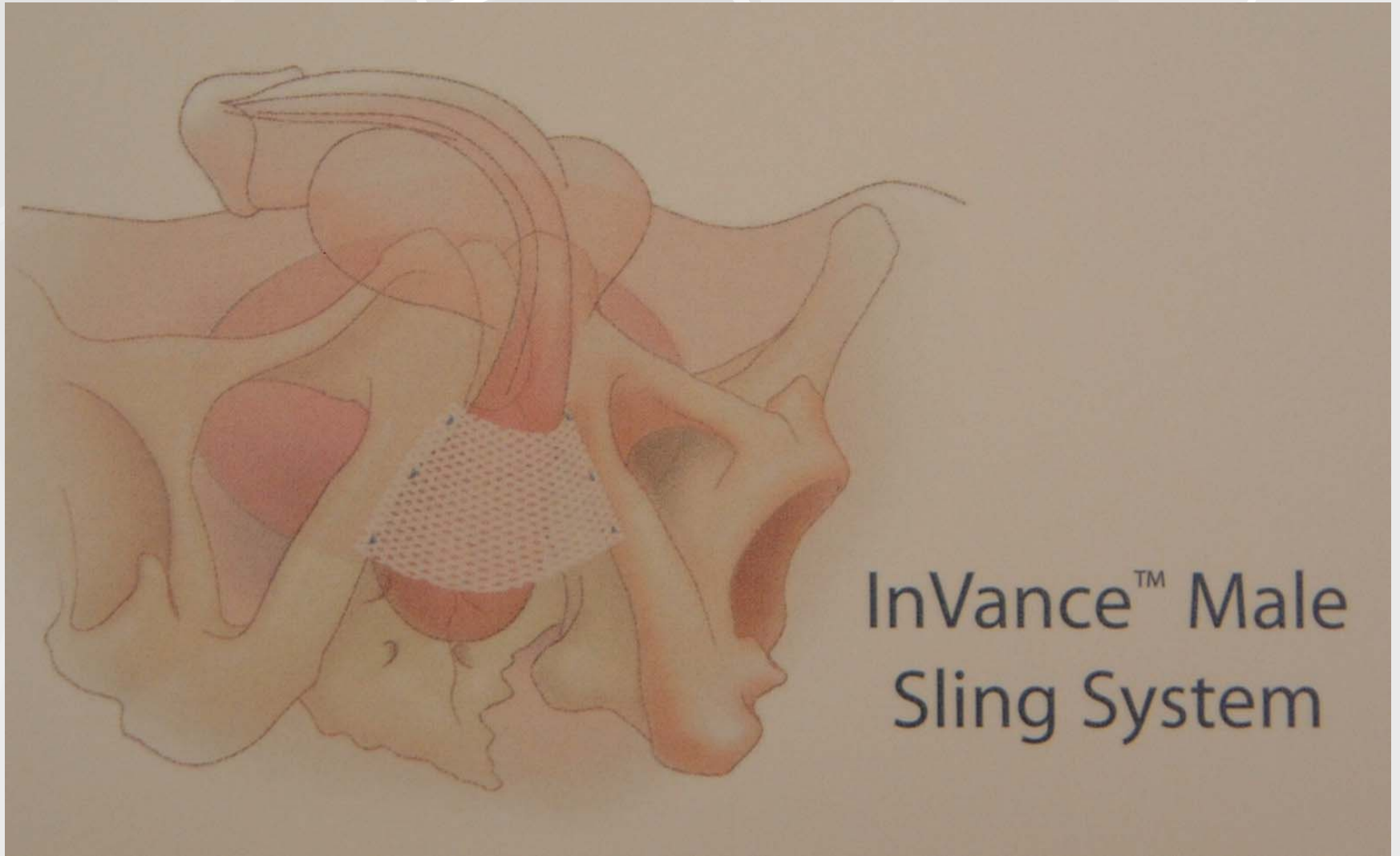


PDD Mode

PDD Mode

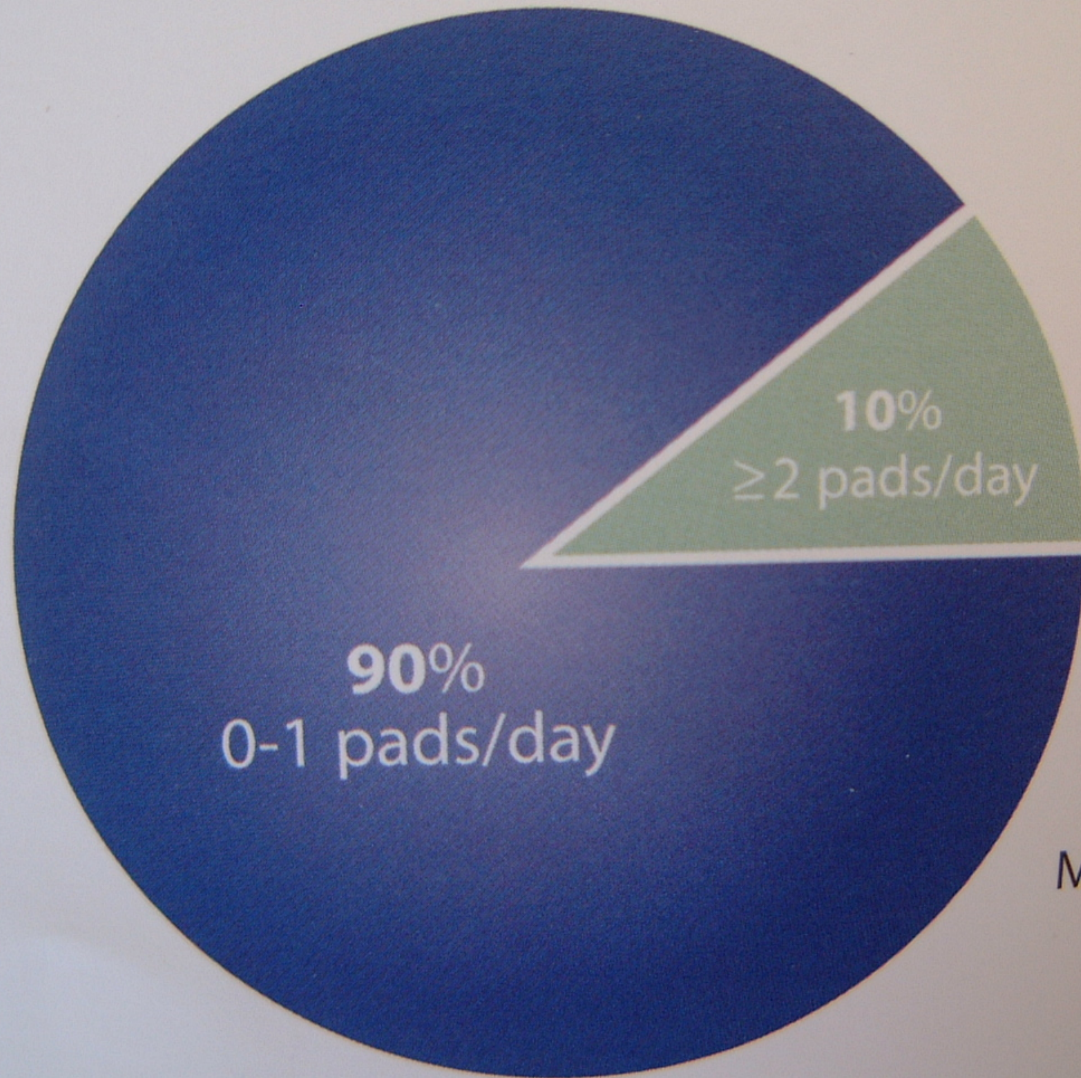
Urethral slings

- For mild to moderate incontinence



InVance™ Male
Sling System

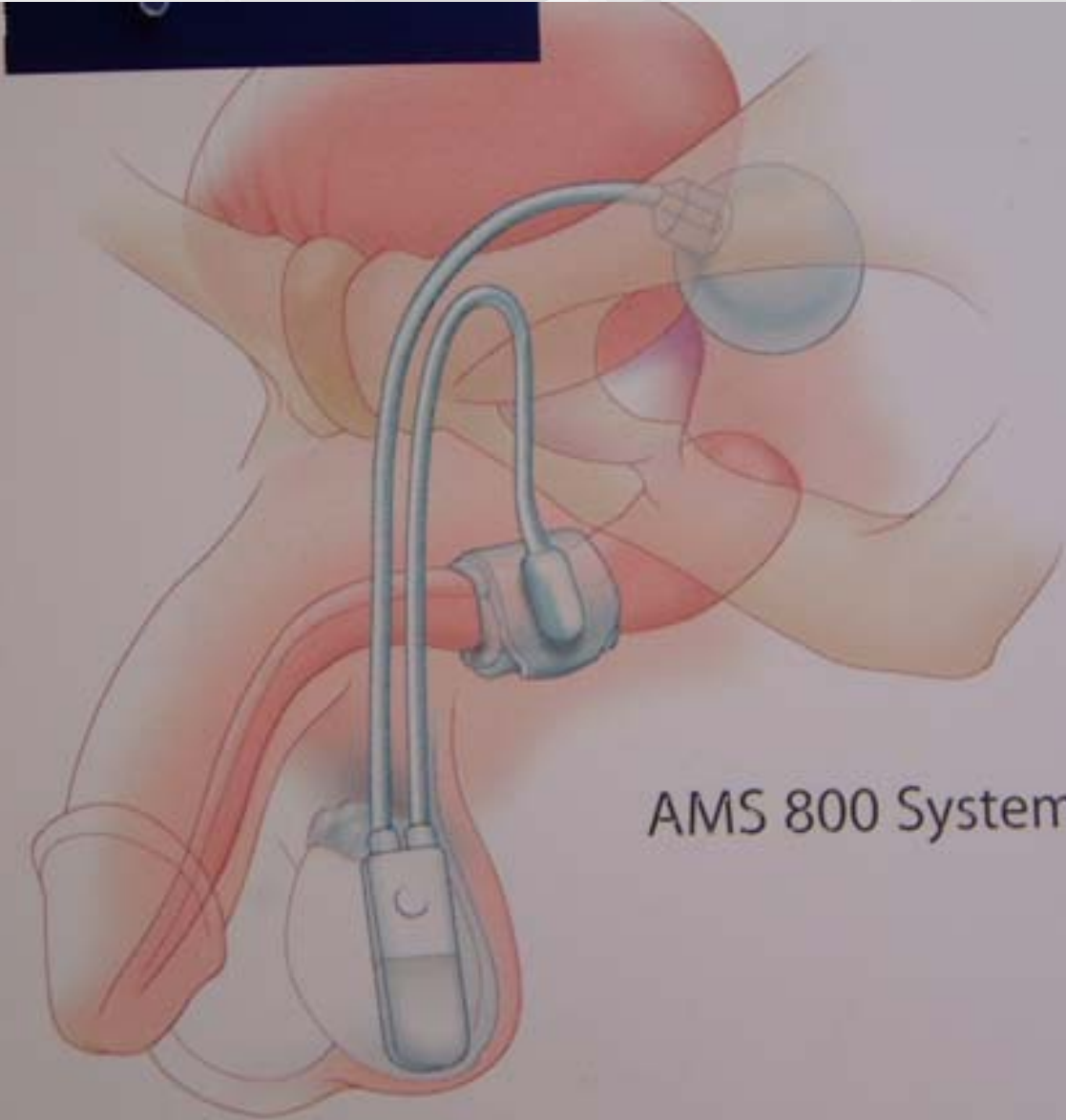
Social continence restored in 90% of patients²



Mean follow-up
12 months

Treatment of Moderate to Severe Urinary Incontinence



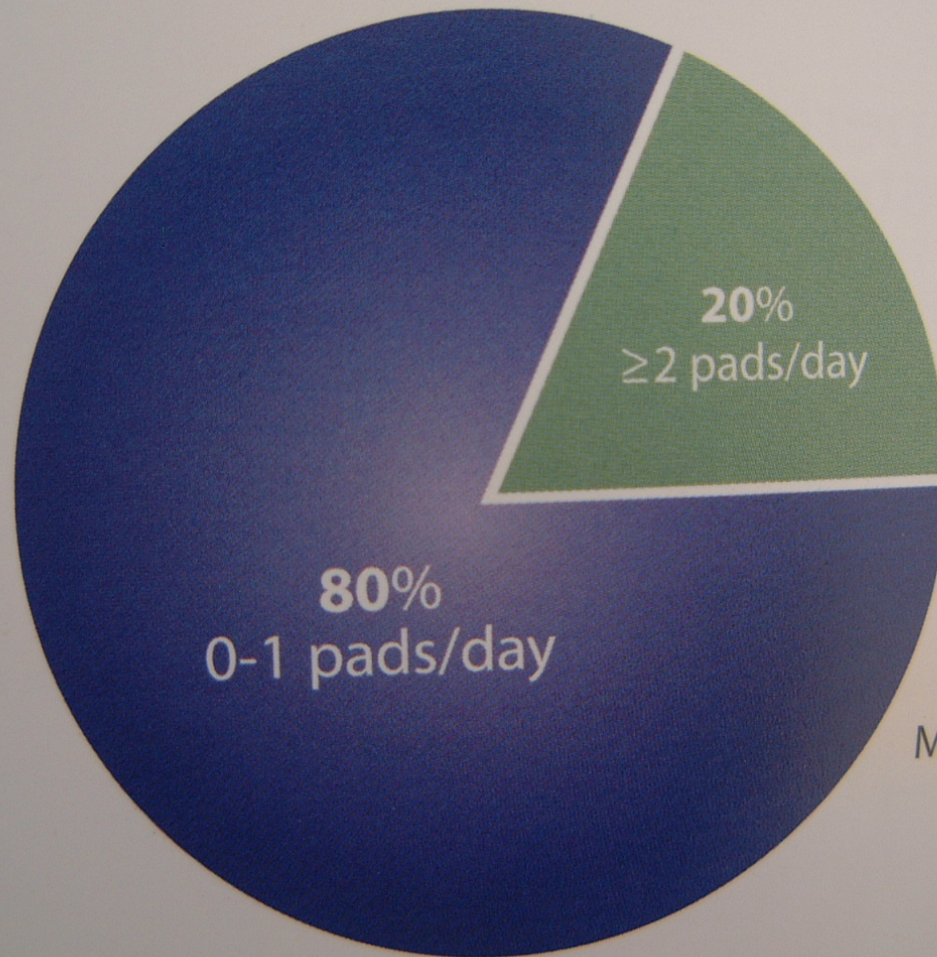


AMS 800 System

Artificial Urinary Sphincter (AUS)

● Author up dry	No. pts.	Years	0-1 pads/follow-
● Montague	66	3.2	75%
● Perez and Webster	49	3.7	85%
● Martins and Boyd	28	2	85%
● Fleshner and Herschorn	30	3	87%
● Mottet et al.	96	1	86%
● Madjar et al.	71/131	7.7	59%

Social continence restored in 80% of patients⁶

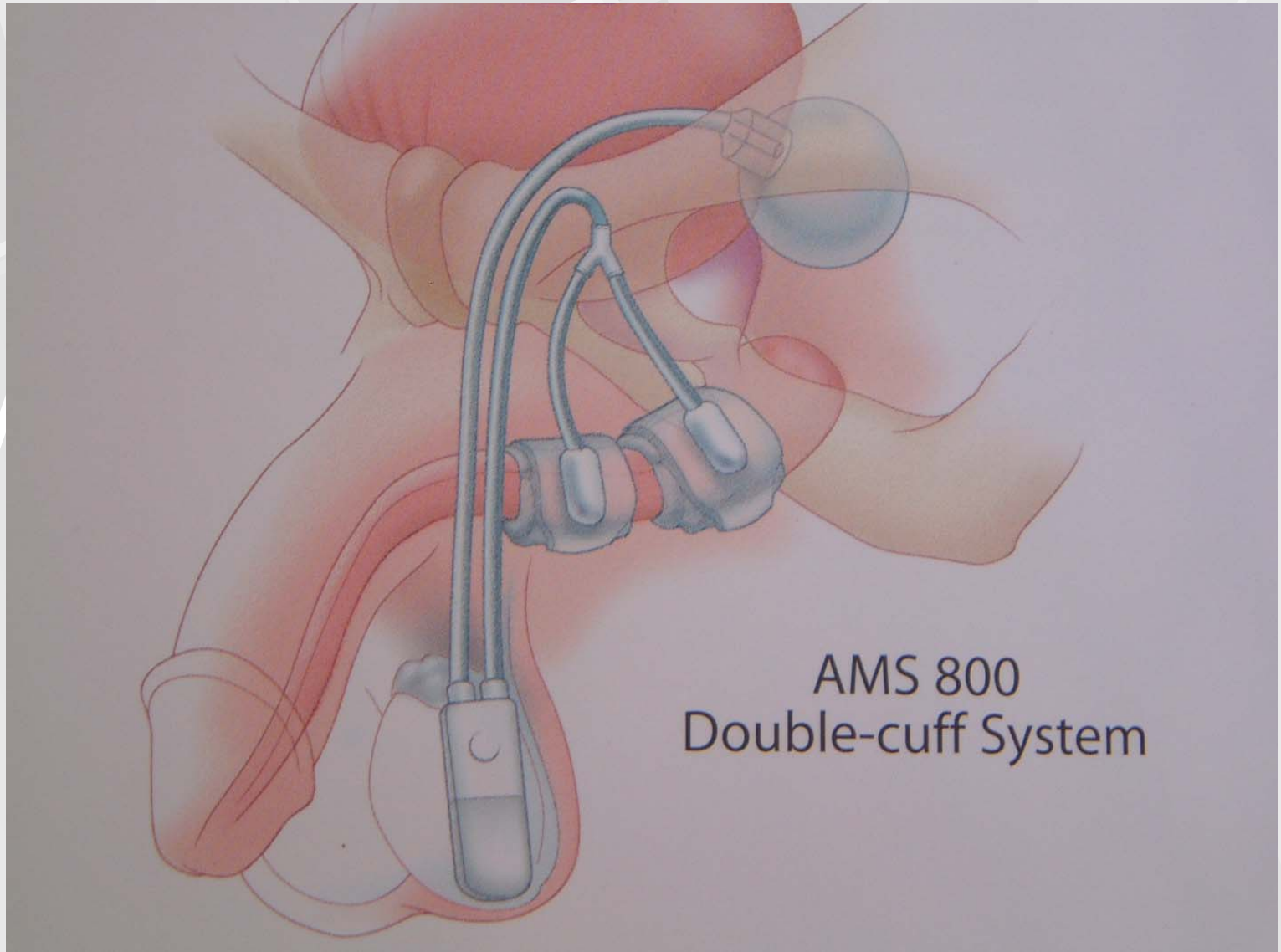


Mean follow-up
7.2 years

Continence rate after 19 months

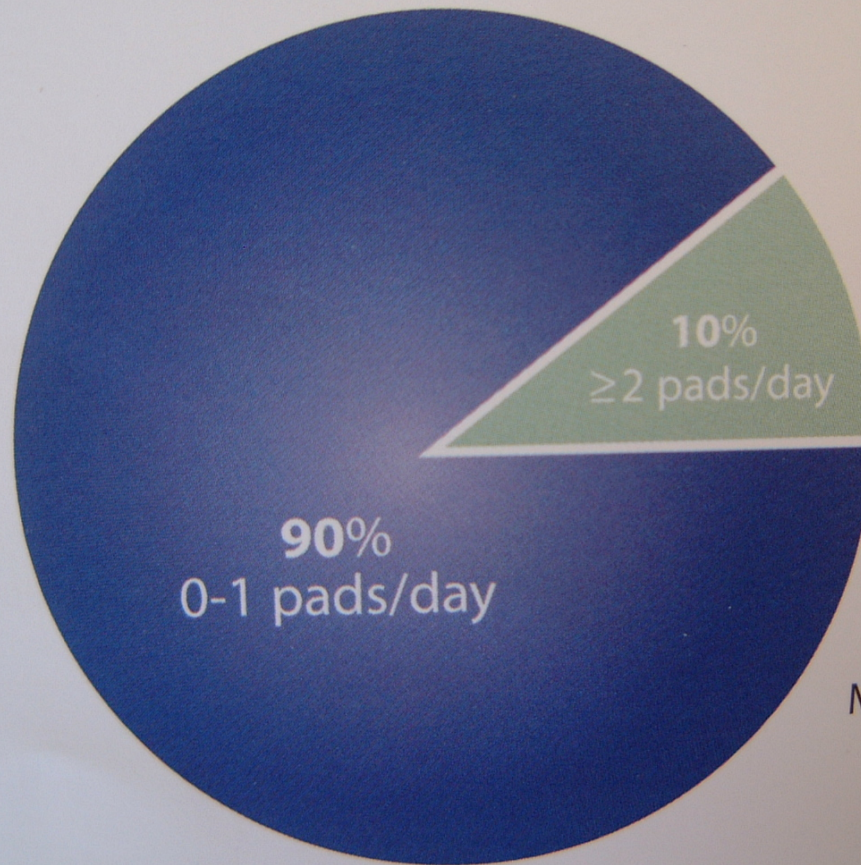
● Collagen 19%

● Artificial Urinary Sphincter 75%



AMS 800
Double-cuff System

Social continence restored in 90% of patients²



Mean follow-up
12 months

Concerns

- Urine is sterile
- Sex is still possible with a condom after voiding
- Smell
- Rashes
- When will it end?

WHAT NOW?

**A specialized counseling
program for those with
Prostate Cancer**

Devised by

**Dr. Michelle Flax
(Clinical Psychologist)**

and

**Dr. Stanley Flax
(Urologist)**

Call Robyne Lewis (Psychotherapist)

(416) 256-6126, (416) 727-6126

Conclusions Male Urinary Incontinence

- Major quality of life issue
- Treatment is available
- Conservative and Surgical treatment is effective
- Complications of treatment are uncommon

The End

