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### Hypothesis / aims of study

Post prostatectomy risks include incontinence and impotence, requiring a holistic approach to follow up and timely referral to sub-specialties when required.

**Aim: To evaluate the time interval between primary prostate surgery to first assessment and surgical management of urinary incontinence plus assessment of the impact of the Covid-19 pandemic on these outcomes.**

### Study design, materials and methods

Inclusion criteria: Primary AUS insertion for urodynamic confirmed post prostatectomy incontinence (PPI). Retrospective cohort analysis was performed. Patients were identified by operative coding, and data collection performed from electronic patient records. Procedures by one of three surgeons, in a single centre, and all had implantation of an AMS 800™ system.

### Outcomes:

- 1) Time to first assessment by functional urologist following primary prostate surgery
- 2) Time to surgical intervention (AUS) for incontinence from first assessment
- 3) Impact of the Covid-19 pandemic on waiting times for AUS surgery

*Secondary outcomes included: post-operative continence, rates of infection, erosion, device failure and explanation/renewal of the device.*

### Results

Year of review	Total patients	Interval to first functional review (months)	Interval to AUS post review (months)
2006	3	18.3	7.1
2007	4	26.3	17.9
2008	3	20.7	5.0
2009	6	39.3	8.4
2010	8	24.8	8.6
2011	13	24.3	6.6
2012	11	43.4	7.1
2013	20	27.9	10.1
2014	9	24.8	29.4
2015	20	33.5	6.6
2016	8	30.3	19.2
2017	12	47.3	11.0
2018	16	19.8	9.0
2019	11	17.4	11.9
2020	5	24.1	22.2
2021	7	25.9	10.9
2022	4	68.6	6
<b>Total</b>	<b>160</b>		
<b>Mean</b>		<b>30.4</b>	<b>11.6</b>

**Total = 160 patients** with post prostatectomy incontinence underwent AUS insertion over a time period of 16 years – see table 1.

Secondary outcome	Patient %
Infection	10%
Erosion	10%
Device failure	14%
Explantation/renewal	26%
Complications in first 28 days	14%

Secondary outcomes follow up spanned up to 16 years - see table 2.

Post-operative incontinence was assessed comparing urine collection methods.

Pre-op pad use: 77.5% = 1-10 per day. The remaining patients used a combination of methods.

Post-op: one patient had device failure = 12 pads per day, remaining patients maximum 4 pads

**79.4% of patients achieving social continence (0-1 pads) following AUS surgery.**

### Interpretation of results

**Outcome 1: Wait time average 30.4 months**

**Outcome 2: Wait time average 11.6 months**

**Outcome 3: Wait time average for AUS:**

**2006 - 2019 11 months**

**2020 22 months**

*Secondary outcome results demonstrated AUS insertion shows good continence outcomes with a low complication rate.*

### Conclusion

Men can be waiting years for specialist referral with PPI.

Once assessed, the average wait until AUS surgery is less than a year.

Outcomes post AUS insertion are favourable with low complication rates.

The Covid-19 pandemic had a significant impact on the wait times for patients awaiting incontinence surgery, doubling the wait time.