

Start	End	Topic	Speakers
08:30	08:35	introduction	Wilhelm Huebner
08:35	08:45	AUS in Males, specific Tipps, Tricks for primary implantation	Craig Comiter
08:45	08:55	Specific aspects in Females	Emmanuel Chartier-Kastler
08:55	09:05	Fixed slings, challenges and criteria for success	Ralf Anding
09:05	09:10	Adjustable systems, challenges criteria for success	Wilhelm Huebner
09:10	09:15	Discussion	Wilhelm Huebner
09:15	09:25	Trouble shooting and revisions for late failures	Craig Comiter
09:25	09:35	challenging technical situations and their management	Wilhelm Huebner
09:35	09:45	Discussion	Wilhelm Huebner Ralf Anding Emmanuel Chartier-Kastler Craig Comiter
09:45	09:55	Adjustable sphincters and New developments	Emmanuel Chartier-Kastler
09:55	10:00	closing remarks	Wilhelm Huebner

Description

Successful continence surgery significantly adds to the quality of life of patients, however, complex cases may be a strategic as well as technical challenge. This panel has means to provide answers to any complex challenge in surgical management of surgical treatment of incontinence. we want this ICS WS to be the appointment, where interested delegates find the answers to their most complex questions concerning male incontinence, in fact also female AUS topics can be covered by this panel.

As key learning points we will provide the delegates with expert information on surgical techniques of both standard and challenging cases.

Techniques for males sling and sphincter surgeries (transobturator/retropubic slings, balloons, transscrotal, tandem etc.) are described. for AUS Implantation urethral preparation using a 18Fr of foley and possibly leaving an atrophic bulbocavernosus muscle on the urethra is mentioned. transcavernous approach, "open cuff" concept and "tunica flap" may be used for fragile urethras or in certain cases of intraoperative urethral lesions.

Management of late difficulties such as subcuff atrophy, urethral erosion, bladder neck obstruction (particularly in irradiated patients), mechanical failure, system leak search and others can be managed by specific means such as tandem cuff, stress cuff, cuff removal with urethral reconstruction, recurrent blunt bladder neck rubbing and/or change of components.

Concerning slings and balloons potential and limits will be covered focussing on patient s characteristics and specific surgical techniques.

Concerning fixed slings mobilizing of the bulb is crucial, with adjustable slings - both transobturator or retropubic - a snug contact to the urethra with correct leak point pressure guaranties best results.

AUS implantation after failed previous other surgeries may be hampered, but in the vast majority not significantly.

Upcoming new developments like AUS with remotely controlled electrical pump are on the way, however not yet commercially available.

Key learning points (abridgment) and take home messages:

Skills for optimal implantation of AUS and other implants:

Urethral preparation using a 18Fr of foley and possibly leaving an atrophic bulbocavernosus muscle on the urethra

Fragile urethra:

Consider transcavernous approach, maybe use tunica flap, ev. low pressure balloon handling upcoming intraoperative difficulties:

Consider open cuff plus transcavernous approach for intraoperative urethral lesion

Management of late complications:

As described in the literature

Long term supervision of complex cases:

Counsel as " mutual journey" over years with possible revisions at start

References:

- Boswell TC, Elliott DS, Rangel LJ, Linder BJ. Long-term device survival and quality of life outcomes following artificial urinary sphincter placement. *Transl Androl Urol.* 2020 Feb;9(1):56-61. doi: 10.21037/tau.2019.08.02. PMID: 32055467; PMCID: PMC6995928.

- El-Akri M, Bentellis I, Tricard T, Brierre T, Cousin T, Dupuis H, Hermieu N, Gaillard V, Poussot B, Robin D, Pitout A, Beraud F, Bertrand-Leon P, Chevallier D, Bruyere F, Biardeau X, Monsaint H, Corbel L, Saussine C, Hermieu JF, Lecoanet P, Capon G, Cornu JN, Game X, Ruffion A, Peyronnet B. Transcorporal vs. bulbar artificial urinary sphincter implantation in male patients with fragile urethra. *World J Urol.* 2021 Dec;39(12):4449-4457. doi: 10.1007/s00345-021-03783-6. Epub 2021 Jul 17. PMID: 34272596.
- Hüsich T, Kretschmer A, Thomsen F, Kronlachner D, Kurosch M, Obaje A, Anding R, Pottke T, Rose A, Olianias R, Friedl A, Hübner W, Homberg R, Pfitzenmaier J, Grein U, Queissert F, Naumann CM, Schweiger J, Wotzka C, Nyarangi-Dix J, Hofmann T, Ulm K, Bauer RM, Haferkamp A; Debates on Male Incontinence (DOMINO)-Project. Risk Factors for Failure of Male Slings and Artificial Urinary Sphincters: Results from a Large Middle European Cohort Study. *Urol Int.* 2017;99(1):14-21. doi: 10.1159/000449232. Epub 2016 Sep 3. PMID: 27598774.
- Khouri RK Jr, Ortiz NM, Dropkin BM, Joice GA, Baumgarten AS, Morey AF, Hudak SJ. Artificial Urinary Sphincter Complications: Risk Factors, Workup, and Clinical Approach. *Curr Urol Rep.* 2021 Mar 29;22(5):30. doi: 10.1007/s11934-021-01045-x. PMID: 33779844.
- Moses RA, Keihani S, Craig JR, Basilius J, Hotaling JM, Lenherr SM, Brant WO, Myers JB. Efficacy of Pressure Regulating Balloon Exchange in Men With Post Artificial Urinary Sphincter Persistent or Recurrent Stress Urinary Incontinence. *Urology.* 2019 Jan;123:252-257. doi: 10.1016/j.urology.2018.07.052. Epub 2018 Sep 7. PMID: 30201300.

Aims of Workshop

Techniques for males sling and sphincter surgeries (transobturator/retropubic slings, balloons, transscrotal, tandem etc.) are described. we cover questions of AUS Implantation such as tricks for urethral preparation (size of foley, transcavernous approach, "open cuff" concept, "tunica flap, leak search, etc.) as well as management of late difficulties (subcuff atrophy, leak search, bladder neck obstruction - particularly in irradiated patients), mechanical failure and others. Concerning slings and balloons potential and limits will be covered focussing on patient's characteristics. AUS implantation after previous other surgeries will be discussed. In this WS we want to provide skills that can be recalled in complex cases in the future.

Educational Objectives

Successful continence surgery significantly adds to the quality of life of patients, however, complex cases may be a strategic and technical challenge. the experienced panel will share experiences of thousands of cases and unpack personal tips and tricks. The audience will be encouraged to actively take part and share challenging personal cases. therefore sufficient time will be reserved for discussion and interaction.

We want to provide a neighborhood that allows insights to endow participants with skills, that can be recalled in complex cases in the future. the information gained should also widen the horizon and even improve counselling.

After all a glimpse on future developments can intensify the understanding of the whole topic. We want this ICS WS to be the appointment, where interested delegates find the answers to their most complex questions concerning male incontinence, in fact also female AUS topics can be covered by this panel.

Learning Objectives

1. -Provide expert knowledge on AUS implantation technique and trouble shooting
2. -Provide expert knowledge on sling and balloon implantation technique and trouble shooting
3. -answer questions from delegates

Target Audience

Urology

Advanced/Basic

Advanced

Suggested Learning before Workshop Attendance

- Boswell TC, Elliott DS, Rangel LJ, Linder BJ. Long-term device survival and quality of life outcomes following artificial urinary sphincter placement. *Transl Androl Urol.* 2020 Feb;9(1):56-61. doi: 10.21037/tau.2019.08.02. PMID: 32055467; PMCID: PMC6995928.
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with fragile urethra. *World J Urol.* 2021 Dec;39(12):4449-4457. doi: 10.1007/s00345-021-03783-6. Epub 2021 Jul 17. PMID: 34272596.

- Hüscher T, Kretschmer A, Thomsen F, Kronlachner D, Kurosch M, Obaje A, Anding R, Pottke T, Rose A, Olanas R, Friedl A, Hübner W, Homberg R, Pfitzenmaier J, Grein U, Queissert F, Naumann CM, Schweiger J, Wotzka C, Nyarangi-Dix J, Hofmann T, Ulm K, Bauer RM, Haferkamp A; Debates on Male Incontinence (DOMINO)-Project. Risk Factors for Failure of Male Slings and Artificial Urinary Sphincters: Results from a Large Middle European Cohort Study. *Urol Int.* 2017;99(1):14-21. doi: 10.1159/000449232. Epub 2016 Sep 3. PMID: 27598774.
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