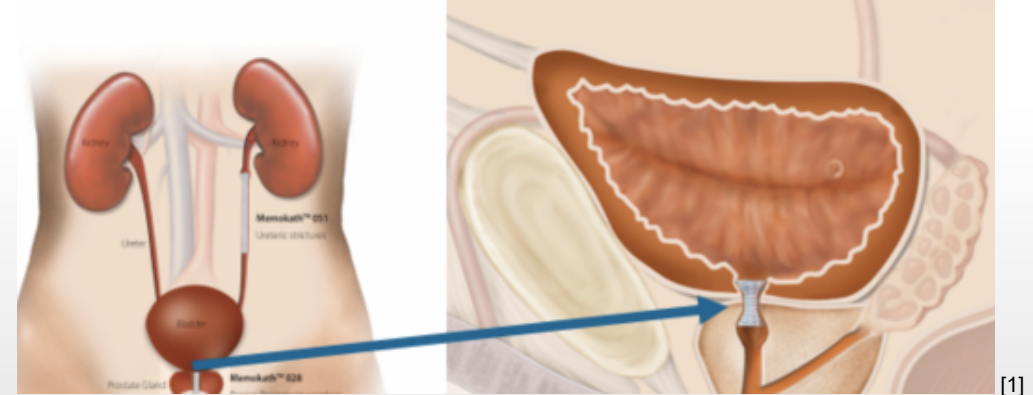


Management of Intractable Bladder Neck Strictures Following Radical Prostatectomy



Authors

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BACKGROUND

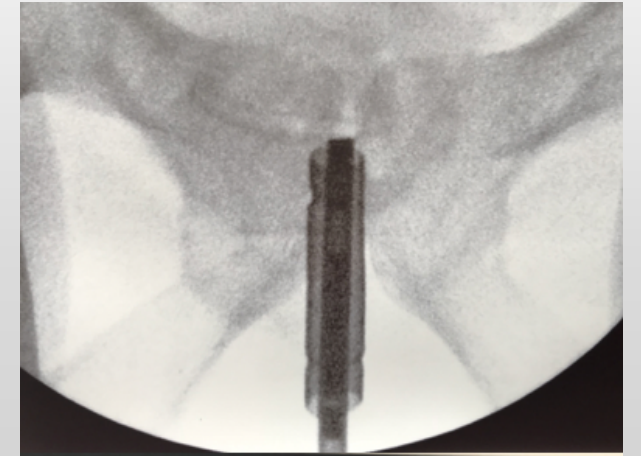
- Post Radical Prostatectomy
- **Incidence of Anastomotic Strictures = 1% to 26%** [2,3,4,5]
 - Open Radical Prostatectomy = 8.4%
 - RARP = 1.4%

PREVIOUS TREATMENT ALGORITHM

- 1st Line:
 - Dilation and Internal Urethrotomy
 - (17-89% patency rates)^[6]
- 2nd Line:
 - Open / Laparoscopic Bladder Neck Reconstruction
 - (60-80% patency rates)^[7]
 - Urinary Diversion (IDC / SPC / Ileal Conduit / Mitrofanoff)

AIMS

To investigate a combined 2 stage endoscopic treatment of intractable Bladder neck stricture, post prostatectomy, using the thermo-expandable bladder neck stent Memokath™ 045



METHODS - Procedure

Stage 1:

- Endoscopic Dilation (30F) +/- Incision
- Measure Length
- Catheterisation

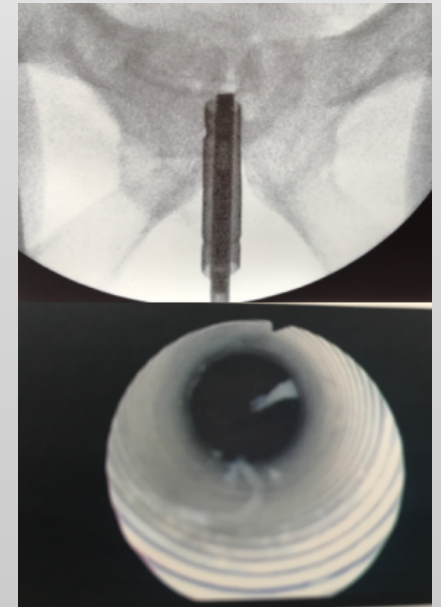
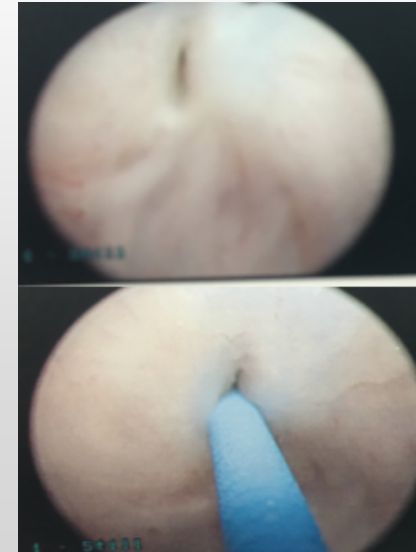
1-2 Weeks

Stage 2:

- Re-Measure Width and Length
- Memokath™ Inserted (Vision + Fluoroscopy)


1 Year

Memokath™ Removal



METHODS – Data Collection

Retrospective review of 30 patients

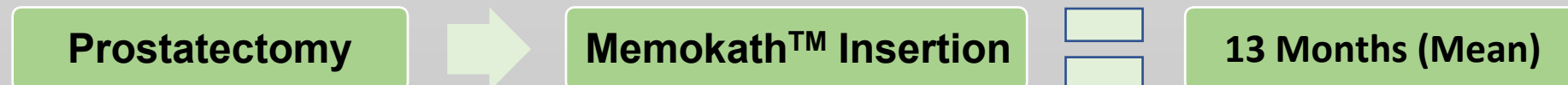
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- A decorative graphic on the left side of the list, consisting of three orange chevrons pointing downwards, each containing a white plus sign. The chevrons are stacked vertically and overlap slightly.
- RARP
 - Bladder Neck Stricture
 - Memokath™ Insertion
 - Minimum 1 year Follow-Up

RESULTS

- N = 30 / Age: 62 (50-73)

| Type of Prostatectomy | | | |
|-----------------------|----------|--------------|--------|
| | Robotic | Laparoscopic | Open |
| No. of Patients (%) | 26 (87%) | 3 (10%) | 1 (3%) |

| Size of Memokath™ Stent | | | |
|-------------------------|----------|---------|--------|
| | 5mm | 10mm | 20mm |
| No. of Patients (%) | 26 (87%) | 3 (10%) | 1 (3%) |



FOLLOW-UP

- Minimum 12 months Follow-Up after removal (Mean = 3.6 years)

| Flow Rate (Mean) | |
|------------------|-----------------------|
| Q Max (mls/sec) | Residual Volume (mls) |
| 14 (+/-10.2) | 22 (+/-22) |

| Continance | | | |
|---------------------|-----------------|----------------------------|---------------|
| | Fully Continent | 1-2 pads / day (Social) | >2 pads / day |
| No. of Patients (%) | 26 (93%) | 2 (7%) | 0 |

- 2 Patients had Adjuvant Radiotherapy with Memokath™ in situ

COMPLICATIONS

| Type of Complication | | | |
|------------------------|---|----------------------------|--------------------------------|
| | Memokath™ Overlapping Sphincter / Migration | Dysuria / Ejaculatory Pain | Temporary Urge Incontinence |
| No. of Patients (%) | 3 (10%) | 4 (14%) | 2 (7%) |
| Treatment | Re-Operation + Replacement | Analgesia | Anticholinergics |

- No Urinary Tract Infections

FAILURE

2 Stents (2/30) Removed and not Replaced

1 = Re-Stricture through Stent

1 – Stone Formation

- No Other Stricture Recurrence
- No Urinary Retention

DISCUSSION

- Memokath™ stent insertion for the management of post-prostatectomy bladder neck strictures is a simple endoscopic procedure.
- Successful in up to 93% (28/30) of patients after at least 12 months of follow-up
- Outcomes are superior to other management methods with minimal complications
- We advise the consideration and utilisation of the Memokath™ stent in patients with intractable bladder neck stricture after radical prostatectomy

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