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MP40-19

NON-OBSTRUCTIVE SLING (**NoS**) FOR STRESS URINARY INCONTINENCE (**SUI**) AFTER PROSTATE SURGERY. ANALYSIS OF OUTCOMES IN DIFFERENT SUBGROUPS OF PATIENTS.

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STUDY AIM: To assess the efficacy and continence outcomes of AdVance(AdV) and AdVance-XP(AdV-XP) slings in patients with (and without) risk factors (**RF**).

METHODS: SUI grade: mild ≤ 2 pads/day, moderate and severe (SSUI) \leq and > 4 pads/day.

Urodynamic study (**UDS**) detected urine leakage (**UL**) and detrusor overactivity (**DO**).

- **POST-VOID RESIDUE (PVR)** after catheter removal.
- **SOCIAL CONTINENCE (SC)**= 1pad/day.
- **TOTALLY DRY (TD)** = no pad use.
- **SUCCESS:** pad use reduction $\geq 50\%$.

IDEAL CANDIDATES	n 124	57%
AT LEAST 1 RISK FACTOR	n 92	43%
RT-EXPOSED	n 41	19%
SEVERE SUI	n 44	20%
US OR PREVIOUS SUI SURGERY	n 38	18%



RESULTS: 216 slings implanted. At last FU **81% of ideal patients** were **SC** and, **51% TD**.

SC AND TD RATES were reduced by radiotherapy (**RT**) (resp. 47%-18%), **SSUI** (resp.51%-32%), **PREVIOUS INCONTINENCE SURGERY** (resp. 56%-44%), **URETHRAL STRICTURE (US)** (resp.44%-9%).

NO EROSIONS WERE OBSERVED; **HIGH-PVR** occurred in **46 cases (21%)** but spontaneously resolved in **94%**. **Two slings** were transected due to persistent high-PVR.

CONCLUSIONS: **AdVance** and **AdVance-XP** are effective and safe, undesired events are rare and usually transient also on comorbid patients.

RT and **US** should be carefully considered as they significantly impair outcomes, the **grade of SUI** was a not significant RF.

MULTIVARIABLE ANALYSIS	SOCIAL CONTINENCE		TOTALLY DRY		HIGH POST-VOID RESIDUE	
RISK FACTORS:	HR (95% CI)	p	HR (95% CI)	p	HR (95% CI)	p
AGE (+10 YEARS)					0.69 (0.5; 1.0)	0.030
RT EXPOSURE [YES VS No]	3.41 (1.9; 6.0)	0.0001	1.70 (1.1; 2.6)	0.011		
PREVIOUS US [YES VS No]	2.43 (1.3; 4.6)	0.007			2.59 (1.1; 6.2)	0.032
UDS: POSITIVE UL [YES VS No]			1.77 (1.2; 2.7)	0.007		