Improvement of Minimal Stress Urinary Incontinence after Mini-Jupette Sling placement, During Penile Prosthesis Surgery for management of Post-Prostatectomy Climacturia

Jose A. Saavedra-Belaunde, MD1, Jonathan Clavell-Hernandez, MD2, Christopher Kannady, MD3,4, Yurong Mai3, Run Wang, MD3,4
1: Ashford Presbyterian Hospital, San Juan PR; 2: St. Joseph Medical Center, Houston, TX; 3: University of Texas McGovern Medical School at Houston, TX; 4: University of Texas MD Anderson Center, Houston, TX

Introduction

- Climacturia and concomitant minimal post prostatectomy stress urinary incontinence are entities that are uncommon and usually overlooked by urologists
- Treatments usually include Kegel exercises and lifestyle modifications
- When encountered along with erectile dysfunction that requires penile prosthesis (PP) implantation, both can be addressed at the time of surgery with the placement of a mini-sling between the medial corporotomies.

Methods

- Single center experience with mini-sling placement at the time to PP surgery
- Retrospective review of 15 patients with Climacturia who underwent PP surgery and concomitant mini-sling placement
- Validated Questionnaire (ICIQ-SF) was compare at 6 weeks, 6 months post-op with pre-operative state
- Number of Pads-Per-Day (ppd) was compare in same fashion
- Number of Urinary Leaks Per Day was compare in same fashion
- Perceptual improvement of Climacturia was compare in same fashion

Result

- 15 patients with climacturia, minimal SUI, and ED underwent PP with mini-sling placement
- Median age 63.6
- Most common etiology: Radical Prostatectomy (86%)
- Pre-op: Average ICIQ-SF is 15, PPD 2.53, climacturia with every orgasm 93%
- 6 weeks post-op: Average ICIQ-SF is 8, PPD 0.93, climacturia resolved 73.3%
- 6 months post-op: 80% persistent long-term improvement

Conclusion

- Mini-sling placement at the time of PP is a small, rapid, inexpensive procedure
- Mini-sling placement have the potential to correct climacturia and improve minimal urinary incontinence in select patient population
- Need randomized control trials, long term follow up, and larger patient cohort for further assessment