

## URINARY INCONTINENCE

### Placement of artificial urinary sphincters: perineal or penoscrotal?

Since it was first described in 2003, use of the single-incision penoscrotal approach for artificial urinary sphincter (AUS) placement in men with stress urinary incontinence has been on the rise. However, debate about whether this technique is superior to the traditional procedure, which involves perineal placement of the AUS with a separate abdominal incision for the pump, has continued. Henry and colleagues have performed a multicenter, retrospective study comparing outcomes of these two surgical approaches.

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The charts of 158 consecutive male patients with stress urinary incontinence who had undergone a total of 184 surgeries for the placement of 201 artificial sphincters (either initial placement or AUS revision surgery) at four centers between 1987 and 2007 were reviewed. The etiology of incontinence in the majority of patients was radical retropubic prostatectomy.

Of 120 patients who underwent single cuff AUS placement and for whom adequate follow-up data were available, the proportion of patients who were completely dry postoperatively was significantly higher in those who underwent surgery via the perineal route compared with the penoscrotal approach (57.5% versus 34.7%,  $P=0.01$ ). In addition, the need for subsequent tandem cuff placement for continued incontinence was more common in patients whose initial surgery was performed via the penoscrotal route compared with the perineal approach (11.3% versus 5.4%). The procedures did not differ significantly in terms of postoperative complication rates or implant durability.

The authors conclude that the perineal approach seems to be superior to the penoscrotal route for AUS placement in terms of complete dryness and revision rates. They note that the penoscrotal procedures tended to employ a smaller cuff size than the operations performed via the perineal approach; this suggests that the former technique involves more-distal placement of the sphincter cuff, resulting in a greater rate of failure due to a loose fit around the urethra.

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**Original article** Henry, G. D. *et al.* A multicenter study on the perineal versus penoscrotal approach for implantation of an artificial urinary sphincter: cuff size and control of male stress urinary incontinence. *J. Urol.* **182**, 2404–2409 (2009).