

Procedure information

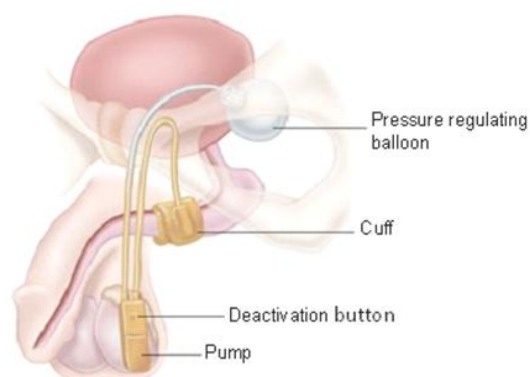
Artificial urinary sphincter for men

What is an artificial urinary sphincter?

An artificial urinary sphincter (AUS) is an implantable device that constricts the urethra to reduce the flow of urine.

It has three components. A pump placed in the scrotum, a cuff that encircles the urethra and a reservoir of fluid in the abdomen.

When the cuff is full of fluid it constricts the urethra and stops the flow of urine. After the pump is squeezed, the cuff opens and urine flows. The cuff will then gradually refill with fluid again and stop urine from flowing.



AMS800™ Urinary Control System

Why is an artificial urinary sphincter required?

Urinary incontinence is the involuntary leakage of urine. An AUS is implanted to treat moderate to severe stress urinary incontinence. It reduces or prevents the flow of urine.

What does artificial urinary sphincter surgery involve?

Insertion of an AUS is usually performed under a general anaesthetic (completely asleep) or spinal anaesthetic (numb from the waist down).

We make an incision on the perineum (the skin between the scrotum and anus). We find the urethra and place the cuff around it.

We make another incision in the groin. Through this incision we place the pressure regulating balloon (fluid reservoir) in the abdomen and the pump in the scrotum.

We connect all three parts of the device together. We fill the whole device with water and test it to make sure it is working. We leave the device deactivated at the end of the procedure to allow your tissues to heal.

We close the incisions with dissolvable stitches and surgical glue.

We place a catheter into the bladder through the urethra to drain urine for the first 24 hours after the procedure.

We use dissolvable sutures and surgical glue to close the incisions.

What is the recovery after insertion of an artificial urinary sphincter?

You will usually stay in the hospital for one to two nights after the procedure.

The catheter will be removed on the first day after the procedure. Occasionally it has to be replaced if you are unable to pass urine due to swelling in the urethra.

Minor swelling and bruising in the scrotum and the perineum is common. It may take several weeks to resolve.

You can usually drive after two weeks.

You can usually return to sedentary work four weeks after the operation. If your job involves physical work, please discuss this with your doctor. Avoid strenuous activities including heavy lifting and vigorous exercise for four to six weeks.

You can resume sexual activity when you feel comfortable doing so, after four weeks.

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The device will be activated four to six weeks post-operatively. You will still be incontinent of urine until the device is activated.

What are the risks of artificial urinary sphincter?

The risks of this procedure include (but are not limited to):

Common risks (1/2 – 1/10)

- Swelling and bruising of the scrotum, perineum and wound site.
- Minor urine leakage or dribbling, especially with strenuous activity.

Occasional risks (1/10 – 1/50)

- Failure to improve urinary incontinence.
- Recurrence of urinary incontinence, requiring further surgery to fix.
- Mechanical failure of the AUS device, requiring further surgery to replace it.
- Erosion of the device through the urethra, requiring further surgery to remove it.
- Bleeding requiring further surgery to fix.
- Infection in the wounds or urinary tract, requiring antibiotics.
- Inability to pass urine when the catheter is removed, requiring the catheter to be replaced, or a catheter placed through the front wall of the abdomen (suprapubic catheter).
- Severe scrotal swelling and pain.
- An injury to the urethra requiring the procedure to be stopped, a catheter placed for several weeks, and the procedure repeated after several months.

Rare risks (1/50-1/250)

- An injury to the bladder, requiring it to be repaired.
- A hernia at the incision on the abdomen.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT) or lungs (Pulmonary embolus)).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

- Conservative management.
- Pelvic floor muscle exercises.
- Insertion of a male continence sling.
- Permanent urethral or suprapubic catheter.
- Urinary diversion.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.

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