

Intraoperative cystoscopy during AUS surgery – a necessary step?

Jack M. Zuckerman, MD

Urology & Genitourinary Reconstructive Surgery, Naval Medical Center Portsmouth, Virginia, USA

Referring to the article published on pp. 9859-9862 in this issue

ZUCKERMAN JM. Intraoperative cystoscopy during AUS surgery – a necessary step? *Can J Urol* 2019;26(4):9863.

The authors have performed a retrospective analysis of the impact of intraoperative flexible cystoscopy performed at the time of artificial urinary sphincter (AUS) placement. A total of 109 sphincters were placed in 96 patients from March 2013 to March 2017. Of these cases, 4.6% had poor coaptation noted on cystoscopy leading to cuff downsizing and 5 patients were noted to have a bladder neck contracture that was not previously diagnosed. It is unclear if the patients who underwent cuff downsizing did any better or worse than the remainder of the cohort from this dataset.¹

The artificial urinary sphincter has been a treatment option for male stress urinary incontinence for decades.^{2,3} Outcomes are reliable, though a portion of men treated will continue to experience urinary incontinence after sphincter placement, even in the optimally selected patient.⁴ It is inevitable that a portion of men who have persistent leakage after AUS placement may have benefited from a smaller cuff size. It is my practice to perform cystoscopy during AUS placement to document a properly functioning cuff and urethral coaptation at the time of surgery. This paper included, however, there is no data to suggest that

urethral coaptation on cystoscopy intraoperatively leads to improved patient outcomes. However, cystoscopy adds minimal time to the procedure, adds no additional surgical risk, and intuitively makes sense to me. Until future incontinence guidelines tell me otherwise, I'll continue to perform cystoscopy at the time of AUS placement as is suggested in this study. □

References

1. Monn MF, Orr BM, Mellon MJ. Use of flexible cystoscopy at time of artificial urinary sphincter placement. *Can J Urol* 2019;26(4): 9859-9862.
2. Lai HH, Hsu EI, Teh BS, Butler EB, Boone TB. 13 years of experience with artificial urinary sphincter implantation at Baylor College of Medicine. *J Urol* 2007;177(3):1021-1025.
3. Scott FB, Bradley WE, Timm GW. Treatment of urinary incontinence by an implantable prosthetic urinary sphincter. *J Urol* 1974;112(1):75-80.
3. Viers BR, Linder BJ, Rivera ME, Rangel LJ, Ziegelmann MJ, Elliott DS. Long-term quality of life and functional outcomes among primary and secondary artificial urinary sphincter implantations in men with stress urinary incontinence. *J Urol* 2016;196(3):838-843.

Address correspondence to Dr. Jack M. Zuckerman, Urology and Genitourinary Reconstructive Surgery, Naval Medical Center, Portsmouth, Virginia 23708 USA