

Continence Outcomes After Pelvic Radiation Following Male Sling Surgery

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This multicenter retrospective study assessed the long-term impact of pelvic radiotherapy (RT) on urinary continence in men who had previously undergone male urethral sling surgery for stress urinary incontinence (SUI). Of 666 patients treated with a sling, 17 later received pelvic RT, with a median follow-up of 21 months after radiation.

Male sling implantation significantly improved continence, reducing median pad use from two pads daily before surgery to none after the procedure. However, continence deteriorated considerably following RT, with median pad use increasing to three pads per day. Similarly, the proportion of patients achieving social continence (≤ 1 pad/day) declined from 94% after sling placement to 12% after radiation. Most men underwent intensity-modulated radiation therapy (IMRT) for biochemical recurrence at a median dose of 70 Gy, approximately 15 months after sling surgery. Although mesh erosion was not observed, 17.6% of patients subsequently required additional anti-incontinence procedures, including artificial urinary sphincter implantation or adjustable balloon device placement.

Key takeaway: Pelvic radiotherapy following male sling surgery was associated with a substantial reduction in continence outcomes and long-term sling effectiveness.

National Trends and Perioperative Outcomes of Surgical Management for Male Stress Urinary Incontinence

Authors: Yannic Volz, Marc Kidess, Julian Hermans, Troya Georgieva, Ricarda Bauer, Christian Gozzi, Michael Chaloupka, Julian Marcon, Philipp Weinhold, Christian Stief, Gerald Bastian Schulz, and Nikolaos Pyrgidis

This nationwide German registry study examined changing practice patterns and perioperative outcomes of surgical procedures for male stress urinary incontinence between 2005 and 2023. The analysis included 24,234 patients treated with artificial urinary sphincters (AUS), adjustable slings, or non-adjustable slings.

Artificial urinary sphincter implantation accounted for nearly two-thirds of procedures and remained the preferred surgical treatment throughout the study period, although its use gradually declined. Non-adjustable sling procedures also became less common, whereas adjustable sling implantation increased over time. Perioperative mortality remained below 0.1% across all treatment groups. Compared with AUS, non-adjustable slings were associated with a slightly higher incidence of postoperative urinary retention but a lower

risk of wound infection. Patients undergoing sling procedures also experienced shorter hospital stays than those receiving AUS implantation.

Key takeaway: Surgical treatment of male SUI demonstrated excellent perioperative safety, with AUS remaining the standard treatment despite evolving utilization of sling procedures.

Patient Awareness and Barriers to Care After Post-Prostatectomy Stress Urinary Incontinence

Authors: Martin Baunacke, Viktoria Menzel, Christer Groeben, Falk Hoffmann, Felix K.H. Chun, Lothar Weissbach, Johannes Huber, and Christian Thomas

This survey investigated patient knowledge, treatment awareness, and perceived barriers among men with persistent stress urinary incontinence following radical prostatectomy.

Ninety-nine patients participated, with urinary leakage remaining a long-term concern for many years after surgery. Most relied on absorbent pads, while awareness of alternative continence devices such as penile clamps and condom catheters was very limited. Knowledge regarding available surgical treatments was also poor, with more than half of participants unaware that surgical options existed. Younger patients and those with less severe incontinence demonstrated greater awareness of treatment possibilities. Although urologists were the primary source of information, many patients chose not to pursue additional treatment because they had adapted to continence aids, questioned surgical effectiveness, or were concerned about potential complications.

Key takeaway: Significant educational gaps remain among men with post-prostatectomy incontinence, emphasizing the need for improved patient counseling and shared decision-making.

Patient Experiences With Sacral Neuromodulation: Insights From Online Communities

Authors: Ahmed Albakr, Mohamed Elkhatab, Mazen Mansour, Maria D'Amico, Alexander Koven, and Howard Goldman

This qualitative study explored patient perspectives on sacral neuromodulation (SNM) by analyzing discussions from Reddit communities dedicated to overactive bladder and urinary incontinence.

Researchers reviewed 464 discussion threads containing more than 3,400 comments. Five major themes emerged, including expectations before treatment, postoperative recovery, device performance, emotional experiences, and concerns related to healthcare systems and manufacturers. Patients frequently discussed eligibility for treatment, procedural risks, durability of symptom improvement, and comparisons between available neuromodulation systems such as InterStim and Axonics. Conversations also highlighted issues involving battery longevity, MRI compatibility, programming adjustments, financial burden, and insurance coverage. Emotional responses ranged from optimism and gratitude to frustration and reduced trust in healthcare providers.

Key takeaway: Social media discussions provide valuable insight into patient concerns and reveal opportunities to improve education, communication, and expectations surrounding sacral neuromodulation.

Polyacrylamide Hydrogel for Recurrent Stress Urinary Incontinence After Sling Revision

Authors: Christina Sze, Carolina Martinez Fernandez, Maali La France, Dhillon Advano, Maude Carmel, Ramy Goueli, and Gary E. Lemack

This single-center retrospective study assessed the effectiveness of polyacrylamide hydrogel (PAHG) injections in women with recurrent stress urinary incontinence following revision of a suburethral sling.

Forty-one women treated between 2019 and 2024 were included, most of whom had previously undergone partial sling excision because of urinary obstruction. Following PAHG treatment, median pad use declined from two pads daily to none, accompanied by significant improvement in Urogenital Distress Inventory (UDI-6) scores. Clinical benefit was most evident in women with isolated stress urinary incontinence, whereas patients with mixed urinary incontinence experienced less consistent improvement. A small number of patients later required additional continence procedures or intravesical botulinum toxin therapy.

Key takeaway: PAHG injection appears to be a safe minimally invasive treatment that offers meaningful symptom improvement, particularly in women with isolated stress urinary incontinence after sling revision.