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Introduction & Objectives: The incidence of Vesicourethral Anastomotic Stenosis (VUAS) post radical prostatectomy varies from 1% to 26%. Current treatment can be challenging and include a variety of different procedures. These range from endoscopic dilations to bladder neck reconstruction to urinary diversion. We investigated a 2-stage endoscopic treatment, using the thermo-expandable Memokath®045 bladder neck stent to manage patients with VUAS post radical prostatectomy. The objective is to retrospectively review 30 patients who underwent a Memokath®045 stent insertion for VUAS with a minimum of 12 months follow-up.

Materials & Methods: All patients had two previous attempts at endoscopic dilatation with or without incision and a trial of clean intermittent catheterisation. During the stage 1, the bladder neck stricture is dilated to diameter of 30Fr, the stricture length is measured, and a catheter is left in-situ. One to two weeks later, post haemostasis and healing, an appropriately sized Memokath®045 stent is inserted. The stent is then removed 1-year post-op.

Results: Our series of patients had a median age of 62 (54-72). Most patients (26) had a robot assisted radical prostatectomy (RARP) or salvage procedure. The mean interval time between prostatectomy and Memokath®045 stent insertion was 13 months. The mean follow-up time was 3.6 years with all patients having a minimum of 12 months follow-up. Results showed improvement in IPSS scores, IPSS quality of life scores, Qmax and PVR after the Memokath®045 stent was removed compared to pre-operation. With a minimum 12 months post stent removal, 93% of patients were fully continent, whilst 7% of patients were socially continent. 2 (7%) patients had their stents removed and not replaced due to re-stricturing and stone formation. However, no urinary tract infections, stricture recurrence or urinary retention was observed in the rest of the cohort (93%).

Conclusions: Overall, the Memokath®045 stent was successful in treating 93% of our patients with VUAS. Our series had minimal complications that were managed with conservative measures and in 3 patients' re-operation was needed. In conclusion, the Memokath®045 stent is less invasive than other techniques such as bladder neck reconstruction and urinary diversion and provides superior patency results. Therefore, this management option should be considered in the management of VUAS.