

Artificial Urinary Sphincter

SUNA Postoperative Care Task Force

Overview

An artificial urinary sphincter (AUS) is offered to patients who leak urine (incontinence) and after prostate surgery in males. This device is implanted below the bladder and works to prevent the loss of urine by providing gentle pressure.

Indication

Incontinence that does not improve after prostate surgery.

Possible Risks

Artificial urinary sphincter surgery should not be performed if you have any type of infection. Every surgery has some risk of infection; these are addressed on a case-by-case basis. You can expect bruising and scrotal or labial swelling that will start 18 to 24 hours after the surgery, and gradually decrease over the following 1 to 2 weeks. You may also feel tired and worn out from the general anesthesia for several days.

Complications, such as erosion, urethral perforation, hematoma, incision separation, or device malfunction, can also occur.

What to Expect Before Surgery

- You may need to have lab tests, X-rays, and electrocardiograms (EKGs) completed before your surgery if ordered by your surgeon.
- You may be asked to attend a preoperative clinic before surgery.
- Do not shave your groin or perineal area for the 2 weeks before your surgery date. This prevents any nicks to your skin that can provide an entrance for bacteria.
- You must have negative urine cultures before surgery.
- You will be instructed to use one (1) Fleets enema the night before surgery.
- Some facilities may instruct you to use antibiotic soap to bathe or shower the night before surgery. The morning of surgery, bathe or shower again; using the soap, clean your entire body, and focus on cleaning your groin area.
- If you start any new medications before your surgery, please contact the urology office as soon as possible to discuss whether or not the medication may be taken up to, and including the day of the surgery.

Preoperative Instructions

- Plan to wear loose clothing and loose underwear the day of your procedure to accommodate the postoperative dressing and maintain your comfort level.

What to Expect After Surgery

- You will have a Foley catheter (urinary catheter through the penis) in place. Your catheter will be removed the day after surgery.
- Some patients receive a prescription for 7 to 14 days of antibiotics at discharge, depending on their other medical conditions and your individual risk for infection. If you receive antibiotics, please be sure to take all of the pills.
- You will be prescribed a stool softener when you are discharged.
- Once you are home, you may shower. You may wash your incision gently with soap and water and pat dry, do not rub.
- Do not drive any motor vehicle or operate motorized equipment for at least 24 hours after your procedure or while taking narcotic (opioid) pain medications.
- Do not drink alcohol for at least 24 hours after the procedure.
- Begin eating food slowly. If you do not feel like eating solids, take liquids. Nausea or vomiting commonly occurs during this period and is not considered harmful unless severe or persistent beyond the first day.

Acknowledgment

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We hope you and all your family members may benefit from these handouts.

- Please limit your activity until your postoperative visit to promote faster healing.
- Please avoid swimming/soaking in any pools, baths, hot tubs, etc., until your initial postoperative visit (usually 14 days after your surgery).
 - Avoid vigorous aerobic and strenuous activity for 6 weeks to permit proper healing.
 - Do not engage in any activities in the straddle position (bicycle, motorcycle, snow mobile, etc.). These activities are considered high-risk and can damage the AUS components.
- You may resume sexual activity 6 weeks after surgery, post-device activation. Use of the AUS prior to proper healing of the incision could cause damage to the incision and result in potential infection.
- Carry your AUS identification card in your wallet at all times.
- There is no risk to the patient or the device with an MRI scan.

Resources

- Biardeau, X., Aharony, S., AUS Consensus Group, Campeau, L., & Corcos, J. (2016). Artificial urinary sphincter: Report of the 2015 Consensus Conference. *Neurourology and Urodynamics*, 35(S2), S8-S24.
- Chouhan, J.D., & Terlecki, R.P. (2019). A user's guide for surgery involving the artificial urinary sphincter. *Sexual Medicine Reviews*, 7(1), 167-177.
- Peyronnet, B., Greenwell, T., Gray, G., Khavari, R., Thiruchelvam, N., Capon, G., Ockrim, J., Lopez-Fando, L., Gilleran, J., Fournier, G., Van Koevinger, G.A., & Van Der Aa, F. (2020). Current use of the artificial urinary sphincter in adult females. *Current Urology Reports*, 21(12), 53.

When to Call Your Urology Clinic

Call the clinic if you notice any of the following symptoms:

- Men: Increased scrotal swelling.
- Women: Increased swelling of the labia.
- Fever of more than 101.5 degrees F, along with sweats and shivering.
- Difficulty passing your urine or starting a stream.
- Blood in your urine.
- Severe pain that persists and is not relieved with pain medications.
- Leg pain.
- Nausea that does not resolve after 24 hours.
- Constipation that is not relieved.

**If you are unable to reach the office and are in need of immediate assistance, please proceed to the nearest Emergency Department.

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