Artificial Urinary Sphincters for Post-Prostatectomy Incontinence
Commissioning Policy

Background

Urinary symptoms following prostatic surgery should be managed with involvement of specialist continence services. Initial management may include coping strategies, pelvic floor muscle re-education, bladder retraining and appropriate pharmacotherapy.

Some men are left with intractable stress incontinence for which an Artificial Urinary Sphincter (AUS) is a potential treatment option. The AMS 800 device is designed to mimic the two functions of the biological urinary sphincter by providing a competent closed bladder outlet during urinary storage and an open unobstructed outlet to permit voluntary voiding. It is reserved for treatment of complex or severe stress urinary incontinence. It consists of an inflatable cuff that compresses the urethra, connected to a control pump usually placed in the scrotum that can be activated by the patient.

Policy

Artificial Urinary Sphincter placement of the AMS 800 type will be routinely commissioned for men who suffer intractable urinary stress incontinence following prostatectomy that has failed to respond to conservative measures delivered over an adequate time in conjunction with a specialist continence service.

Rationale

There is sufficient evidence, albeit restricted in quality and quantity, that artificial urinary sphincter placement can attain ‘social continence’ (that is incontinence that can be managed with one incontinence pad or less per day) in the majority of men with post prostatectomy incontinence. Case series suggest continence rates of between 60-90% (Venn, Lai.).\textsuperscript{1,2} Randomised controlled trial data are limited by deficiencies in reporting, but are suggestive that AUS is more effective than the injection of urethral bulking agents.\textsuperscript{3} A limitation of the procedure is complication rates of up to 50% over 10 years, including infection, urethral erosion and device malfunction.

Patients with incontinence report lower quality of life scores on at least one general measure of health related quality of life.\textsuperscript{4} The benefit of relatively high rates of achieving continence and the improvements in quality of life this brings were judged to be sufficiently high to offset the potential drawbacks associated with the complications. On this basis an AUS was judged to provide value for money.
The scope of this policy is restricted to men who suffer intractable stress incontinence following prostatectomy. The balance between benefit and disadvantages in other patient groups will need to be assessed on case by case basis.

The Numbers of People Affected and Costs

Artificial urinary sphincter placement surgery costs around £8,300. Within the NHS Devon population it is anticipated that 4-5 men per year may suffer intractable incontinence following prostatectomy.

Cases of incontinence due to other causes that lead to consideration of artificial urinary sphincter placement are estimated to be fewer than one per year.

Exceptionality

Patients who are not eligible for treatment under this policy may be considered for exceptionality on an individual basis.

References


Author | Chris Roome, Principal Public Health Pharmacist, NHS Devon
---|---
Policy effective from | Approved by NHS Devon Effective Practice Committee – 23/07/2010
Policy to be reviewed | July 2013 or sooner if changes need to be made in the light of guidance issued by NICE