



# Information for patients considering an artificial urethral sphincter

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## Introduction

This leaflet is designed to give you information about the artificial urethral sphincter (AUS) procedure. It is essential that you read this booklet carefully before the surgery, so that you fully understand the operation and the care that is required before and after the operation.

If you have any questions or concerns about the procedure you can contact the specialist urology nurses on 0121 371 6929.

## Why do I need an artificial urethral sphincter (AUS)?

A sphincter is a muscle structure, normally a circular one, which controls the flow of bodily fluids such as urine. A normal sphincter prevents urine from leaking however, sometimes the sphincter fails and urine leaks out making you incontinent.

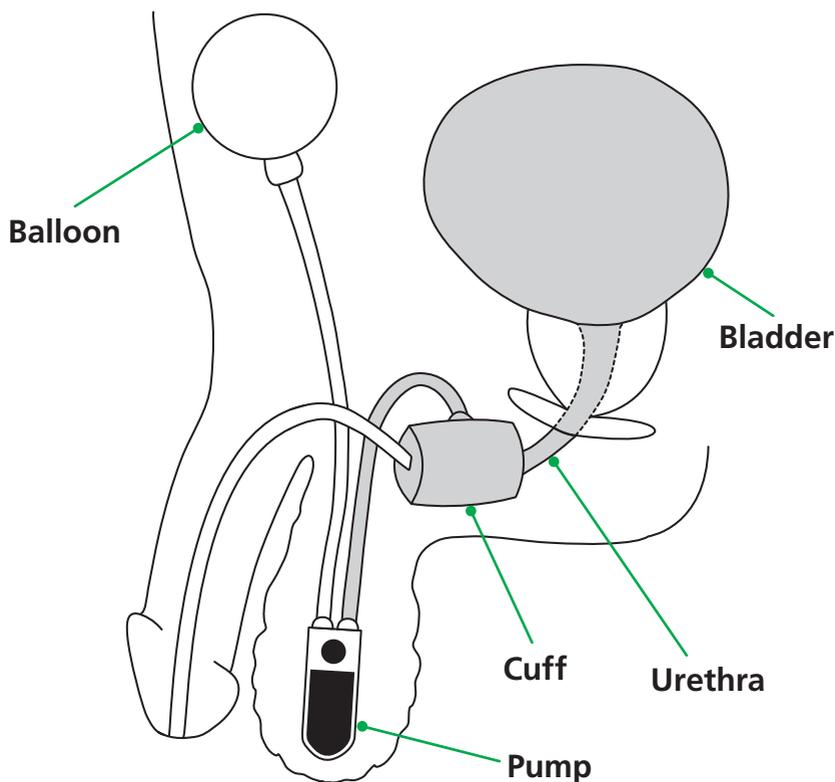
It is quite common to become incontinent after undergoing prostate surgery. It is most common after a radical prostatectomy (removal of the prostate gland) to treat prostate cancer but can also happen after surgery to treat an enlarged prostate (benign prostatic hyperplasia).

There are a number of factors that can affect incontinence following prostate surgery such as age, general health and the amount of prostate and surrounding tissue removed during surgery.

Usually incontinence stops within a few months after your body has recovered from surgery. If your incontinence persists, further tests known as urodynamics, are carried out. This test has indicated that your best option is to be offered an AUS.

## What is an AUS?

An AUS is a device for men who have urinary incontinence. It takes the place of the damaged sphincter to restore control of the flow of urine. It is a fluid filled device that opens and closes the urethra to give you control of your bladder.



The device consists of a cuff, a pump and a pressure-regulating balloon. The cuff is placed at either the bladder neck or the bulbous urethra. The pump is put in the scrotum. This pump is the part the patient squeezes to activate and deactivate the device. The pressure-regulating balloon is placed in the lower abdomen and is filled with a sterile saline solution. This inflates the cuff, preventing urine from flowing and deflates the cuff allowing the urine to flow.

## Are there any alternatives to an artificial sphincter?

If following investigation, you are deemed to require an AUS, there are no other surgical alternatives. However, it is worth discussing with your specialist, other ways of managing your incontinence. If you are not keen to have surgery, we can try convenis/sheaths or incontinence pads to manage your symptoms.

## Buddy programme

No matter how many leaflets you read, there is nothing quite like talking to another man who has had this procedure.

If you feel that talking to another patient would be helpful, please ask your specialist nurse to put you in touch with someone.

All 'buddies' have volunteered their time to help other patients through this procedure. If following your surgery you would like to be a 'buddy', please mention this to the specialist nurse.

## Prior to surgery

You will be seen in the pre-operative assessment clinic prior to your surgery to make preparations for your admission. At this clinic we will take your details including your current medications, and arrange any necessary tests i.e. heart tracing, blood tests, chest x-rays and infection screening, that you may need prior to surgery.

You will be given the necessary medications and body washes at this point and the nurses will answer any questions you may have.

You may also be seen by a specialist nurse if necessary to be taught how to manage your urinary leakage most effectively. A conven/sheath which looks like a condom attached to a catheter bag is the method preferred by the Consultant. This needs to be worn after surgery until your sphincter is activated. It is vital that this is worn so correct fitting and tuition is essential. A supply of convenes/sheaths and all other equipment needed is ordered from a company called charter healthcare, which you should receive a few days later by post. If you find that pre-operatively you have problems with the conven/sheath please let us know so we can rectify the problem before you come in for surgery as this could result in your surgery having to be delayed.

## 3 days prior to surgery

- Use Octenisan daily as a shower gel to wash in (Octenisan is prescription only)
- Commence oral antibiotics (Metronidazole 400mg three times daily)



## Day of admission

- Continue washing with Octenisan
- Continue oral Metronidazole 400mg three times daily



## Midnight prior to the day of your operation

Nothing to eat after midnight. Clear fluids until 2am.

## Day of operation

You will need to shower with Octenisan before attending the Admissions Lounge at 7am. You will be given an operation gown and some stockings to wear. This is to reduce the chance of blood clots forming in your legs known as deep vein thrombosis or DVT. A theatre porter will come and collect you and take you to the urology theatre and will be accompanied by a nurse.

## After your operation

When you return to the ward you will be under close observation. The nursing staff will monitor your blood pressure, temperature and pulse at regular intervals.

You will be attached to a drip (intravenous infusion) to provide the fluids you require. At first you will only be able to drink but you will soon be able to eat food. Once you are able to drink satisfactorily, your drip will be removed.

Pain relief will be given to you as required.

You will also have a urinary catheter (this is a tube that drains

urine from the bladder). This is usually removed the day after surgery and once it has been removed you will immediately be fitted with a conveen/sheath, which must be worn continually until the sphincter is activated.

You will normally be discharged the next day however, in some cases it may be the day after.

## Discharge advice

Wear the conveen/sheath/pads continually until the sphincter is activated. You should already have your supplies at home.

You will be advised to massage the scrotum, where you can feel the control pump, to keep the tissue supple. You should do this twice a day.

It is important to keep your wounds clean and dry. Bathe daily and pat the wounds dry with a clean towel afterwards. We advise you do not take a bath for 2 weeks after your surgery but you may start using the shower 48 hours after surgery.

You should avoid heavy lifting (nothing heavier than a full kettle) and no strenuous activities for 6 weeks including:

- no driving for 2 weeks
- no sexual intercourse for 6 weeks

It is important to avoid constipation as straining could damage the sphincter. Ensuring you eat a balanced diet with plenty of fruit and fibre can help. If you find you are becoming constipated your GP can prescribe a stool softener.

It is not uncommon to experience pain. You will be given pain relief on discharge. Please ensure that you follow the instructions on the bottle/package.

You will be seen by the specialist nurse 2 weeks after you are discharged. You will be given an appointment before you go home.

If you have any problems once discharged, please call the specialist nurses Monday-Friday between 09:00-17:00 on 0121 371 6929, otherwise call the ward on 0121 371 6263.

## Outpatient timescale

**2 weeks after discharge** – You will see the specialist nurse to check how you are and to check the wounds.

**4 weeks later** – You will see the specialist nurse to activate the sphincter, this appointment can be longer about 3-4 hours because we want to be sure you are happy managing the activation at home.

**4 months later** – You will be seen by the consultant.

## Benefits

There is an 85% success rate (where patients regain control of their bladder) from this type of surgery.

## Complications

- The most common complication is infection, although this is minimized by the use of pre-operative body washes such as Octenisan, antibiotics, and the use of the sheath/conveen. **If you notice any redness, swelling, heat or oozing from the wounds, this could indicate infection and you must contact the hospital for advice as soon as possible.**
- There is a 15% chance that even after this type of surgery you will not be completely in control of your bladder and may need help to manage your urinary incontinence. This varies from person to person.
- A less common side effect is erosion. Erosion is when the tissue next to the device is 'worn away', and usually results in the device having to be removed. This affects about 5% of patients. If the sphincter has to be removed, your symptoms will revert back and we would need to revisit other options of managing your incontinence.
- It is not unusual to get pain in the perineum (the area between the scrotum and the anus). This varies from one person to another but about 5% of patients say they experience severe

pain to begin with. Any pain should get better over a 2-4 week period and you will be discharged with pain killers to ease this.

- When anybody has a general anaesthetic side effects can include nausea/vomiting after surgery, sore throat, headache and tiredness which can last a few days. Complications from allergic reactions to anaesthetics can occur. The exact risks are specific to you and any underlying illnesses you may have. Ask your anaesthetist to explain how these risks apply to you.

If you have any queries before or after this procedure please contact:

Continence Nurse Specialist

Michele Miletic – Advanced Nurse Practitioner

Telephone: 0121 371 6929 (24-hour answer machine)

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**Urology**

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