



Artificial urinary sphincter surgery

Your urologist has recommended artificial urinary sphincter surgery to treat your urinary incontinence. This leaflet outlines what the surgery involves, including its benefits and risks. If there is anything you do not understand, please ask your doctor or nurse.

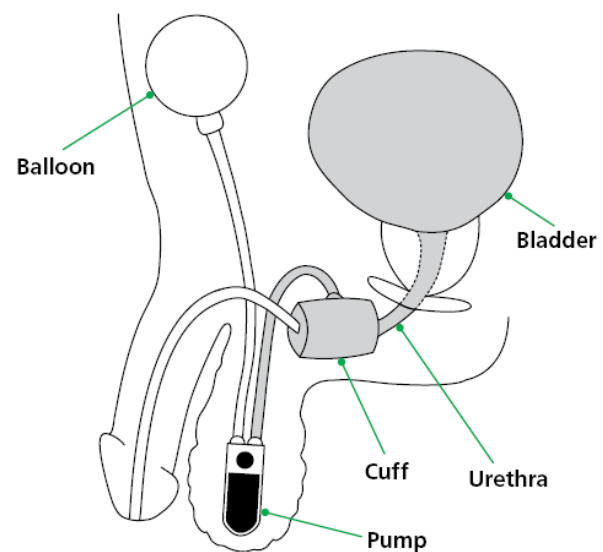
What is an artificial urinary sphincter?

An artificial urinary sphincter is made up of three parts – a circular cuff that is placed around the water pipe (urethra). This cuff acts like a valve, controlling the flow of urine from the bladder. The cuff is connected to a small pump that sits in the scrotum (above the testicle) and is also connected to small fluid-filled balloon that sits in the abdominal wall.

The artificial sphincter will control the release of urine from the bladder by staying closed until activated, giving you greater control of your own continence.

The surgery involves a small cut in the perineum (the area between the anus and scrotum) for the cuff to be placed around the water pipe. A separate cut will be made in the groin so that the surgeon can insert the pump in the scrotum and the balloon in the abdominal wall.

The operation is usually done under a general anaesthetic (you will be asleep). The anaesthetist may also use an epidural anaesthetic which minimises pain after the operation.



Pic taken from Queen Elizabeth Hospital Birmingham

Are there any alternative treatments?

Your specialist doctor will have discussed alternative options with you, including the use of incontinence pads (which does not involve surgery), a urethral catheter or male sling surgery.

What are the possible risks and side effects of this type of surgery?

Most operations have some potential risks and side effects. All these complications are well-recognised and the majority of patients do not suffer any problems after a urological procedure. Common risks/side effects include: blood in the urine and temporary stinging when you urinate. Eventual mechanical failure of the device, infection of the device requiring removal or eventual urethral atrophy (failure of the device as the cuff becomes loose around the water pipe).are rare

side effects. This failure occurs in less than 10% of patients overall (between 1 in 10 and 1 in 50 cases).

Some patients (between 1 in 10 and 1 in 50) may develop uncommon side effects such as a urine or wound infection resulting in the need for the temporary insertion of a bladder catheter. More rarely (less than 1 in 100), patients may develop urethral erosion. Urethral erosion is where the tape migrates into the bladder or urethra.

Before your surgery

You will normally receive an appointment for pre-operative assessment a few weeks before your admission, to assess your general fitness using a questionnaire and various tests.

You will be asked not to eat or drink for 6 hours before surgery and you will usually be admitted on the same day as your surgery. Before the surgery goes ahead, you will be seen by your surgeon and anaesthetist and will be asked to sign a consent form.

The operation will take around 1-1½ hours but you will be asleep during this time.

Immediately after surgery

Once you are back on the ward you will be given fluids to drink from an early stage after the operation and you will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. You will be given intravenous antibiotics through a drip. You may experience mild pain – please take your regular painkillers, following the dosage instructions.

You will stay in hospital one night with a urinary catheter in place, which will be removed the next day before you leave.

The device will not work when you are discharged because it is deactivated. It cannot be turned on for six weeks (until your doctor activates it when you return for a follow-up appointment). In the meantime you will continue to use incontinence pads.

Things to look out for

Please contact your GP or Urology Procedures urgently if you experience any of the following:

- Signs of infection (fever, redness or severe swelling, smelly discharge)
- Inability to pass urine
- Pain on passing urine

Advice following surgery

The most important thing is to rest. Slowly increase your activity for the first month. You will need at least 4 weeks off work (please ask for a medical certificate before you leave hospital – you may need to get a further certificate from your GP) and you should not drive for 2-3 weeks. It is important to drink plenty of fluids – we recommend approximately 4 pints of fluid per day.

Follow up

You will be reviewed in clinic or on the ward six weeks after leaving the hospital. At this time, the doctor will activate the device (by pressing a button on the pump within the scrotum) and will show you how to do this yourself.

Who can I contact for more help or information?

If you have any questions or concerns about your procedure, the Urology Procedures Department can be contacted for advice on weekdays between 8.30am – 4.30pm via the Urology Clinical Admin Team (CAT 3a) Tel: 0118 322 8629 or email rbb-tr.CAT3A@nhs.net. Telephone Hopkins Ward on 0118 322 7771 at other times.

Further information and support

[www.baus.org.uk/patients/information-leaflets/30/insertion of an artificial urinary sphincter aus in men](http://www.baus.org.uk/patients/information-leaflets/30/insertion-of-an-artificial-urinary-sphincter-aus-in-men)

www.nhs.uk/conditions/incontinence-urinary/pages/introduction.aspx

www.bladderandbowelfoundation.org/

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Next review due: March 2027.