Artificial Urinary Sphincters for post-prostatectomy incontinence

NHS Devon

Commissioning policy

Artificial Urinary Sphincter (AUS) 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 for the decision

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,). 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. 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. 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.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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