

# O19

## THE IMPORTANCE OF OUTLET RESISTANCE IN MEN WITH ACONTRACTILE DETRUSOR

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### Introduction

Acontractile detrusor in men is poorly understood. EAU guidelines state there is not enough evidence to suggest contraction improves after relieving any bladder outlet obstruction. We present our experience of managing these men.

### Patients and Methods

We retrospectively reviewed videourodynamic tests between 2016-18 to identify men who did not generate a voiding detrusor pressure.

### Results

One hundred consecutive men mean age 61 years (range 20-87) with a mean follow-up of 35 months (range 1-87) were included. Patients have been subdivided based on underlying pathology and the results summarised in Table 1.

Acontractile detrusor was identified in 41 men referred with PPI. AUS or sling implantation was successful in 13 men but failed in 3 men (intraurethral bulking and 2 redo AUS). 39 men voided urethrally by abdominal strain, whilst one had SPC and one required urinary diversion.

The other group of men (n=59) had voiding dysfunction. 20/59 (34%) voided urethrally via abdominal straining, whilst the others 39/59 (66%) were catheter dependent. Bladder outlet surgery was performed in 7 patients, and successful in 5/7 (71%). SNM was attempted in 6 patients, and was successful in one, who no longer needing to self-catheterise.

### Conclusion:

95% of men with PPI and acontractility voided urethrally even after successful stress incontinence surgery. Outlet surgery was successfully in restoring urethral voiding in 71%, but SNM was only beneficial in one patient. These data suggest that relieving BOO can allow urethral voiding in many men even in the absence of urodynamic detrusor contractility.