



Session technico-technique: Incontinence Urinaire

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Deux Grands Types d'Incontinence

2



◎ Incontinence urinaire d'effort :

- > Par hypermobilité urétrale
- > Par insuffisance sphinctérienne



◎ Incontinence urinaire par urgenturie : HAV



◎ Incontinence mixte

- ◎ Incontinence urinaire par regorgement : rétention urinaire chronique
- ◎ Incontinence permanente : rechercher fistule uro-génitale

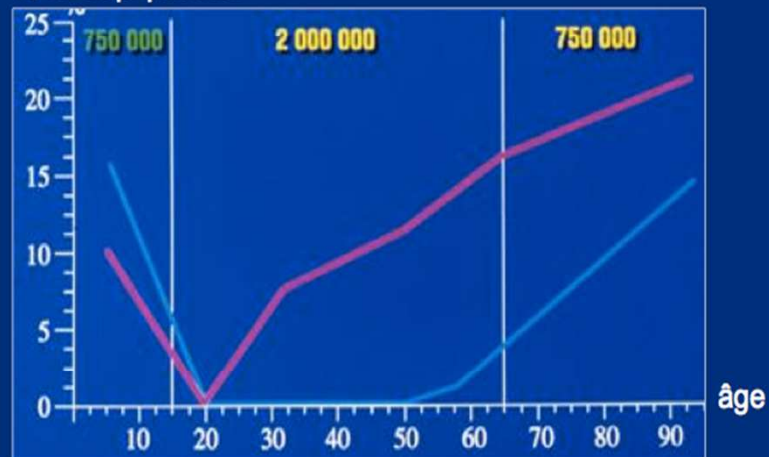
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Prévalence de l'incontinence

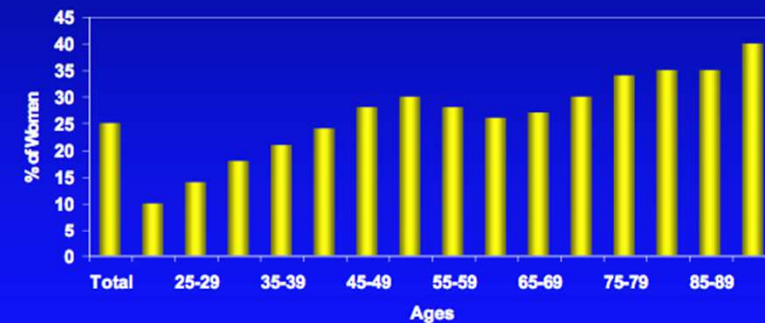
% de la population



femme

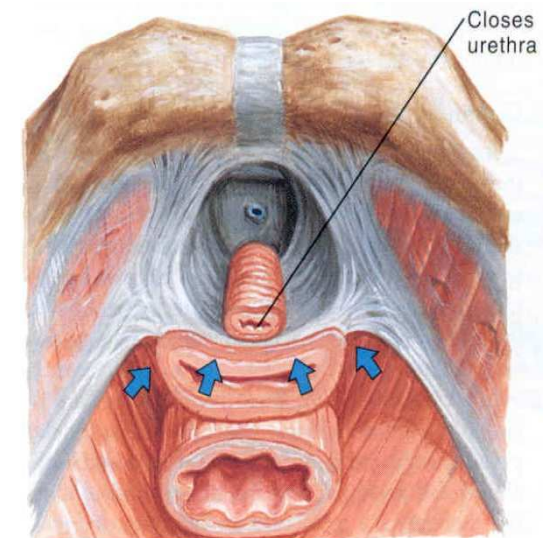
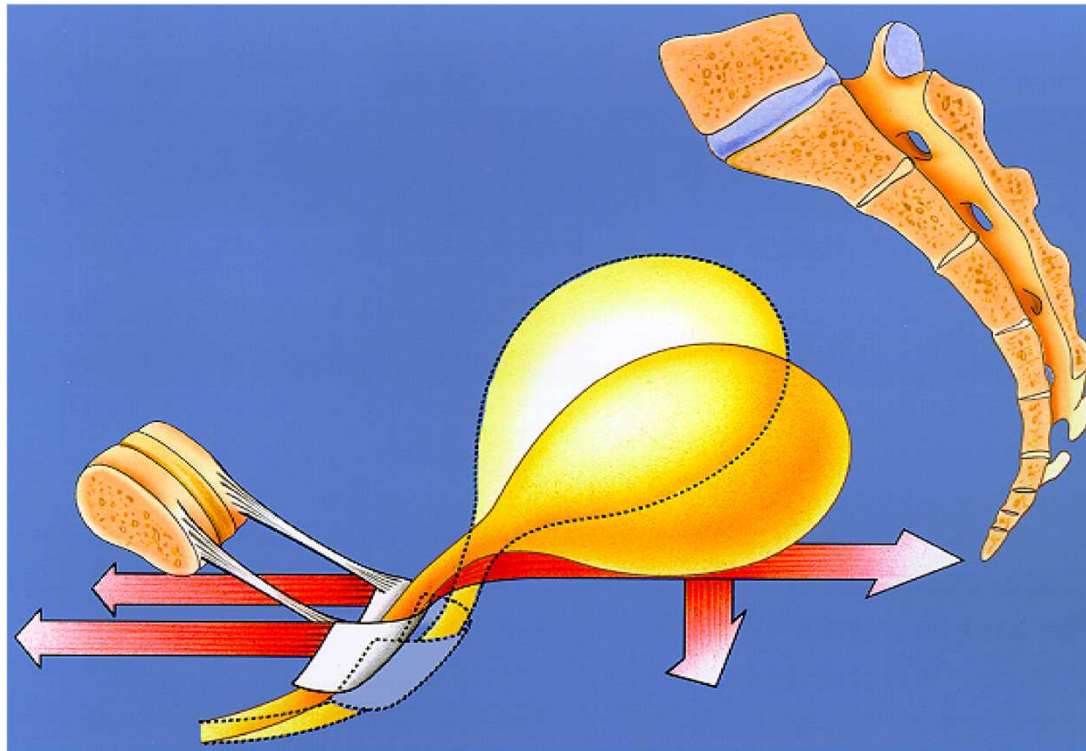
homme

La prévalence de l'incontinence urinaire d'effort augmente avec l'âge



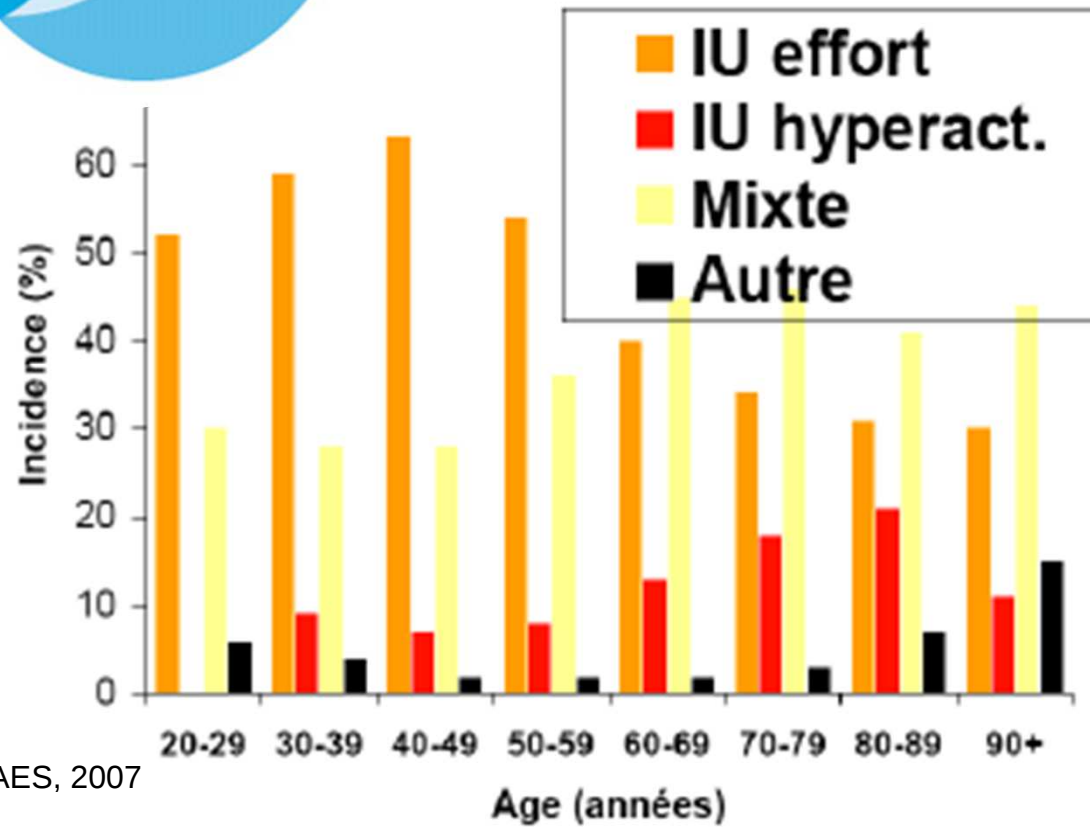
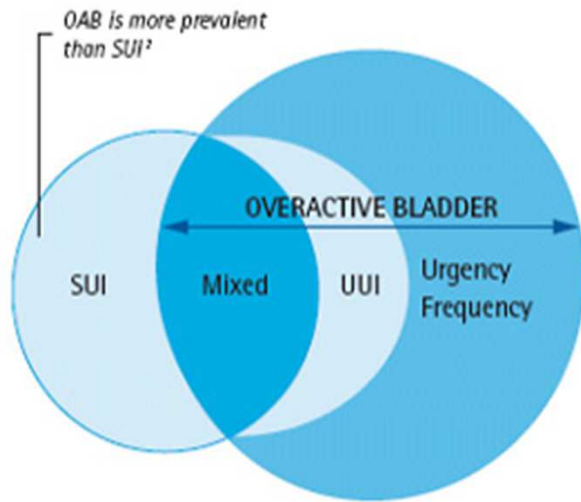
N=27,936.

Hannestad YS, et al. *J Clin Epidemiol.* 2000;53(11):1150-1157.



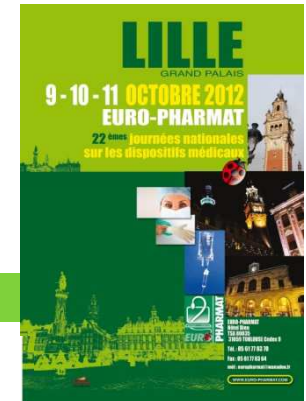
Petros - Ulmsten 1993.

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Rapport de ANAES, 2007

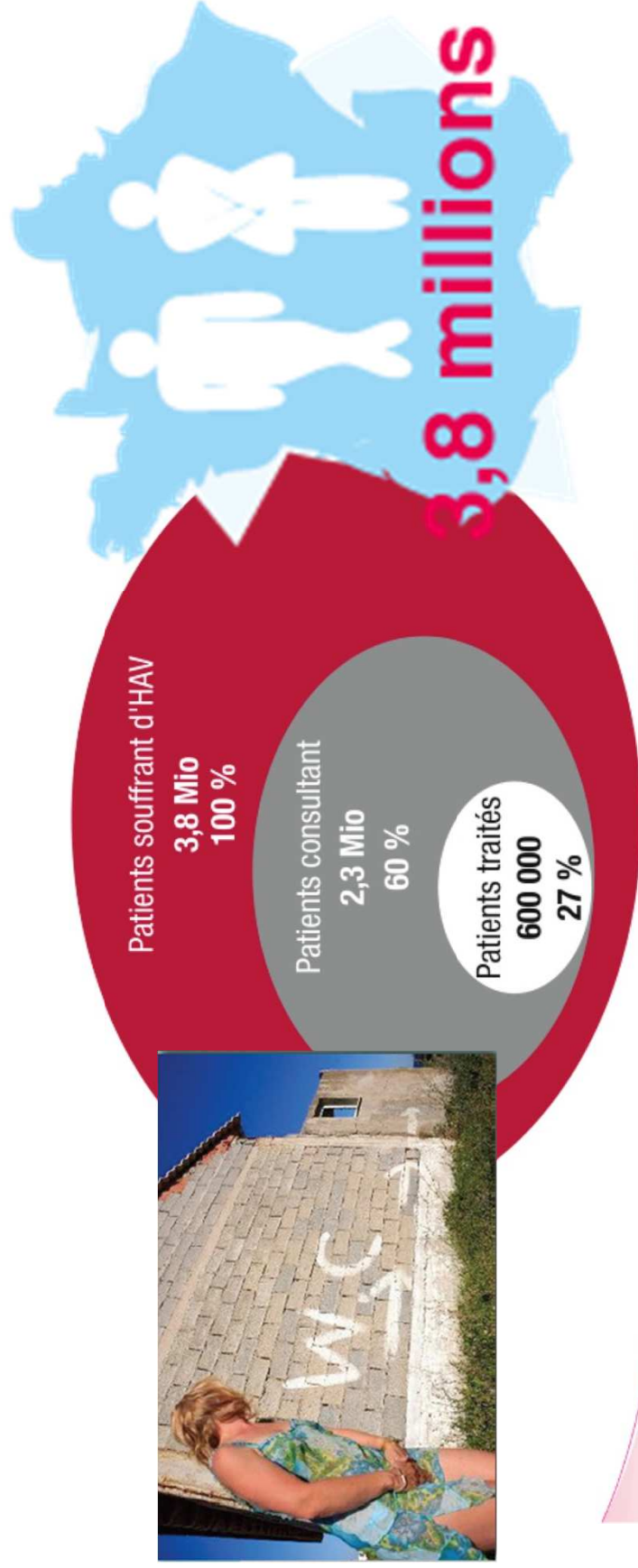
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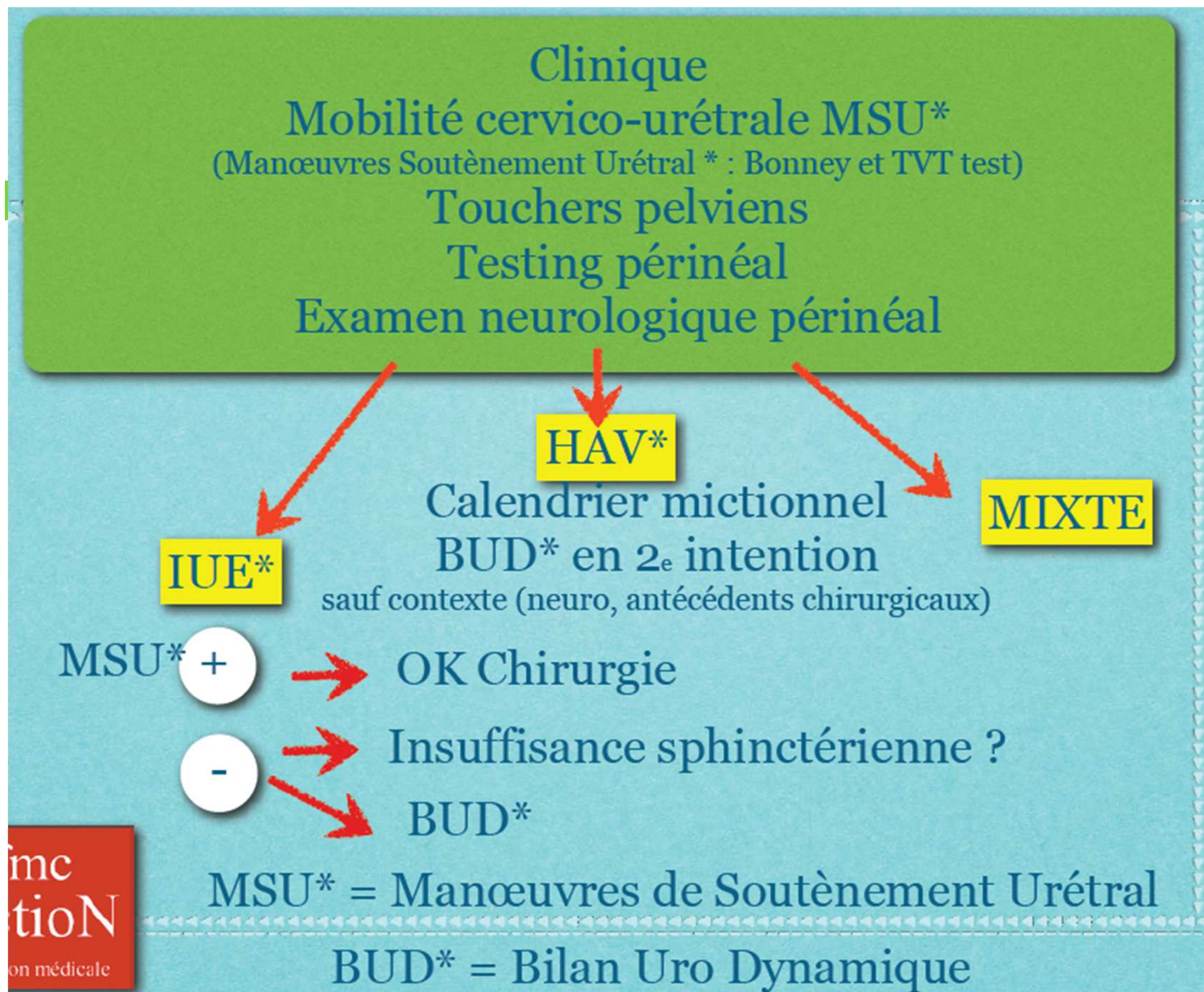
L'hyperactivité vésicale **Un fardeau non exprimé, insuffisamment pris en charge !**

- Estimation de la répartition des patients en France (%)



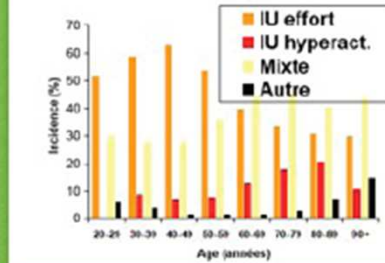
Sources : d'après Milsom I. *et al.* How widespread are the symptoms of an overactive bladder and how are they managed ? A population-based prevalence study. BJU int 2001;87:760-66. Solifénacine Avis de transparence 2009.





Attention si antécédent chirurgical :
Faire bilan

Traitements



HAV*

Kiné et Anticholinergiques
NMS*

IUE*

Kiné +++
BSU* (MSU +)
Si MSU -

Toxine botulique (hors AMM)
Vessie d'agrandissement (exceptionnel)

Sphincter artificiel
Agent de comblement
ACT (ballons)

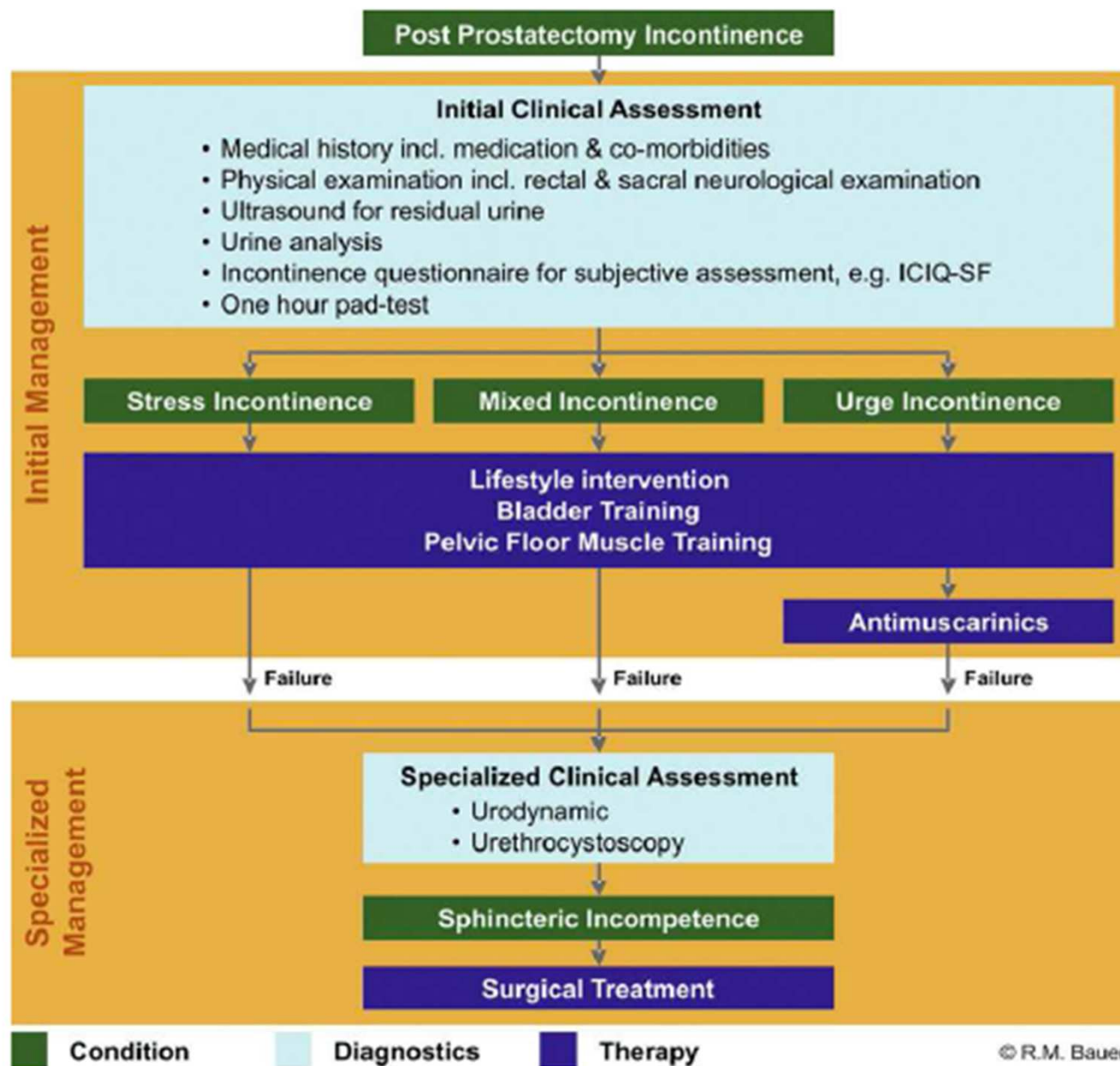
MIXTE

Définir
le symptôme
le plus gênant

fmc
ctionN
ation médicale

NMS* = Neuro Modulation Sacré



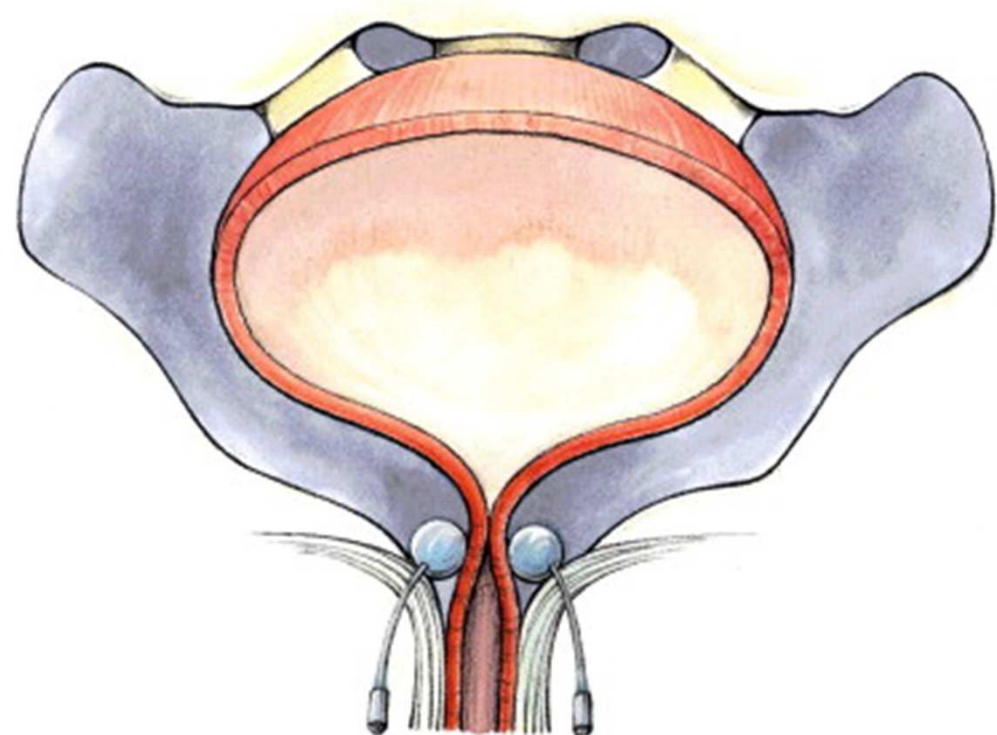
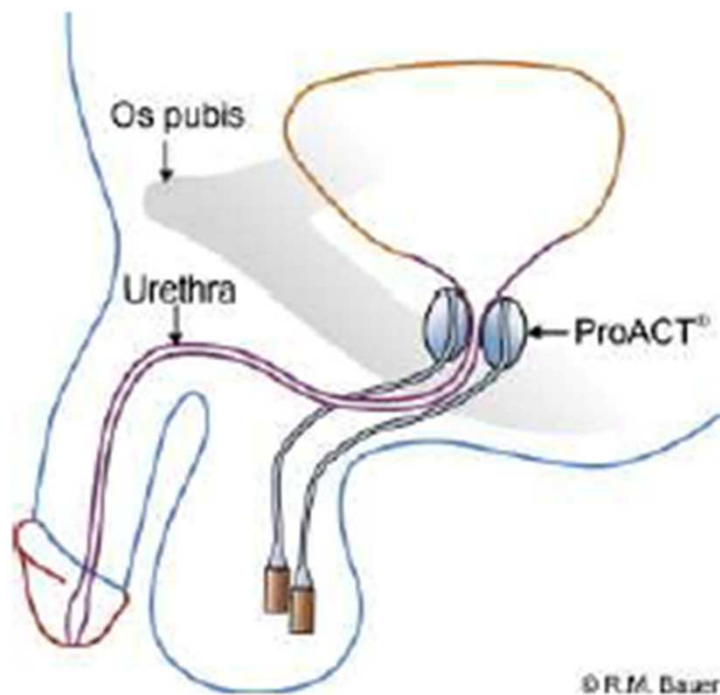
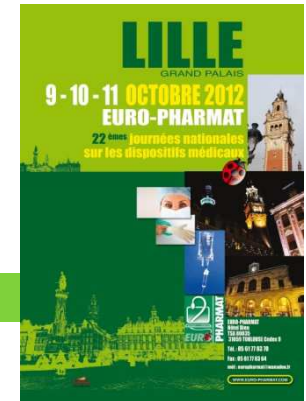




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Système ACT / ProACT

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Ajustement par remplissages successifs en consultation



•Longueurs
disponibles :
12-14 cm

•Volume du
ballonnet:
0 à 8 ml max

Le système ACT® (Adjustable Continence Therapy)



Seringue et aiguille
pour ajuster

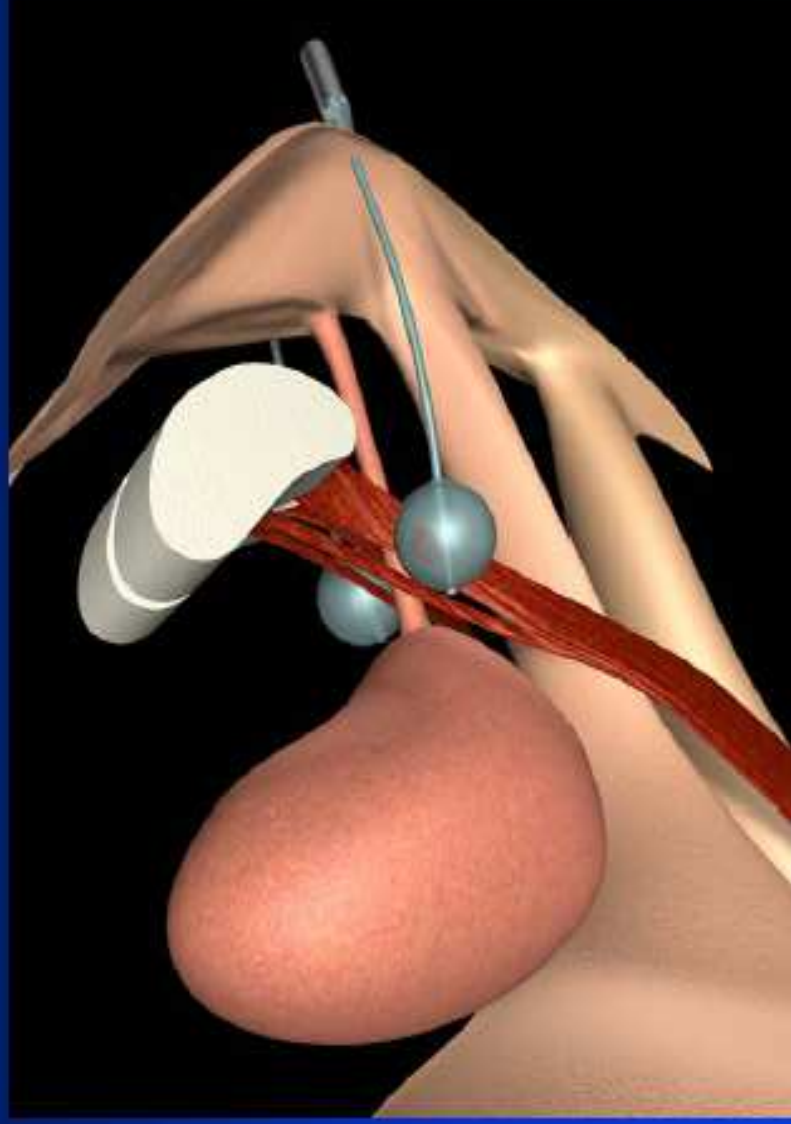
Trocart
(gaine+mandrin)

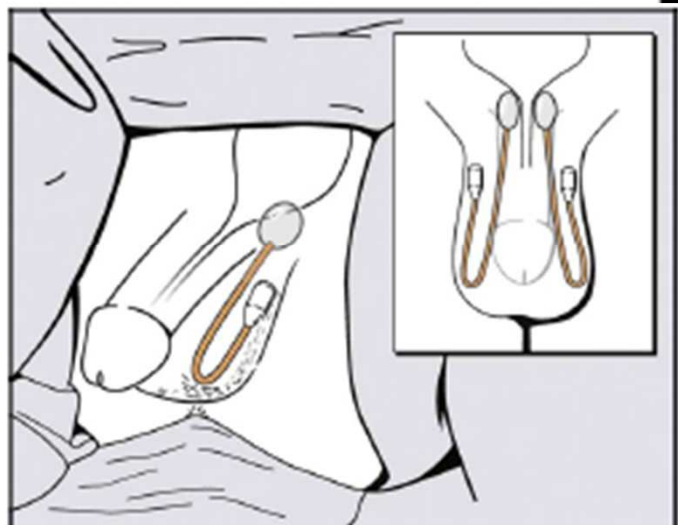
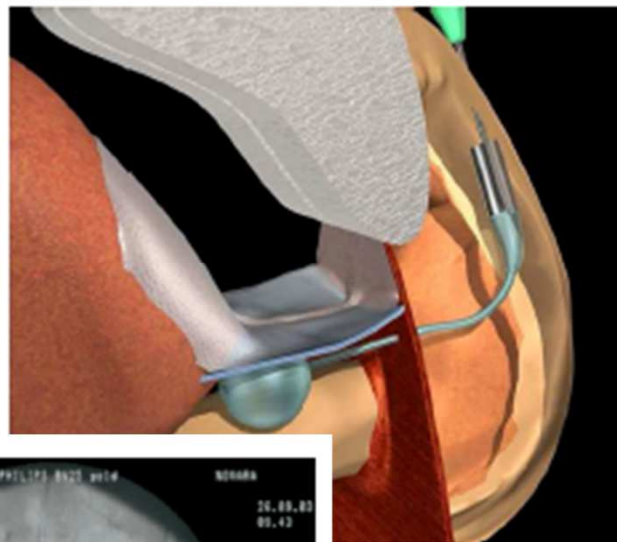
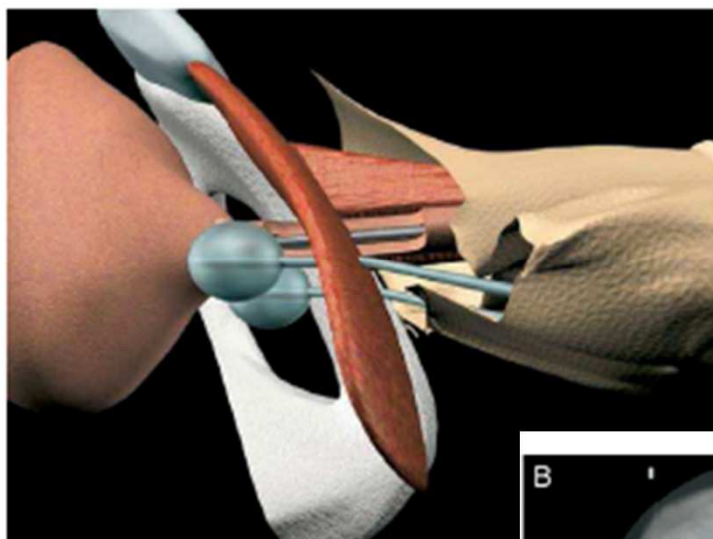
Ballonnet

Tubulure

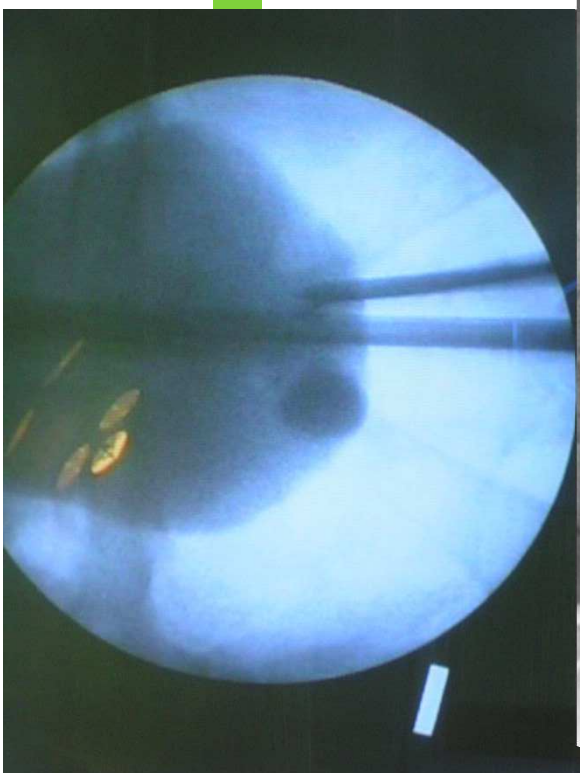
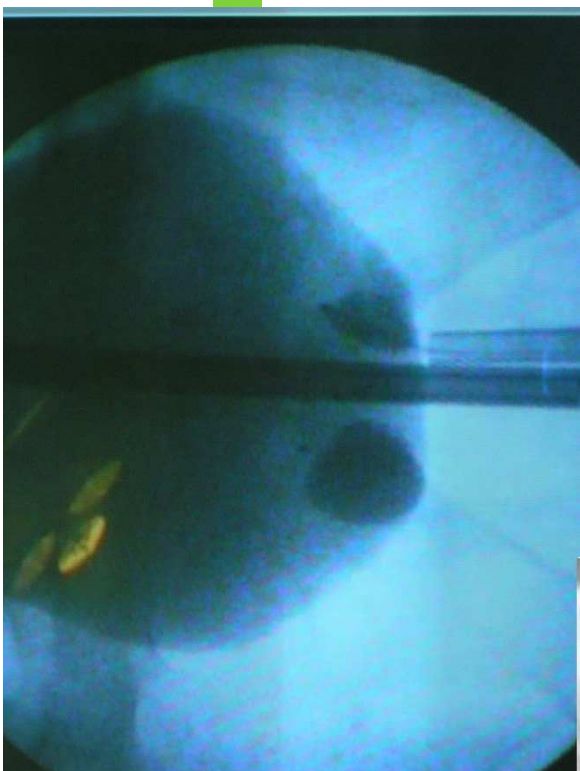
Chambre à injection
en titane

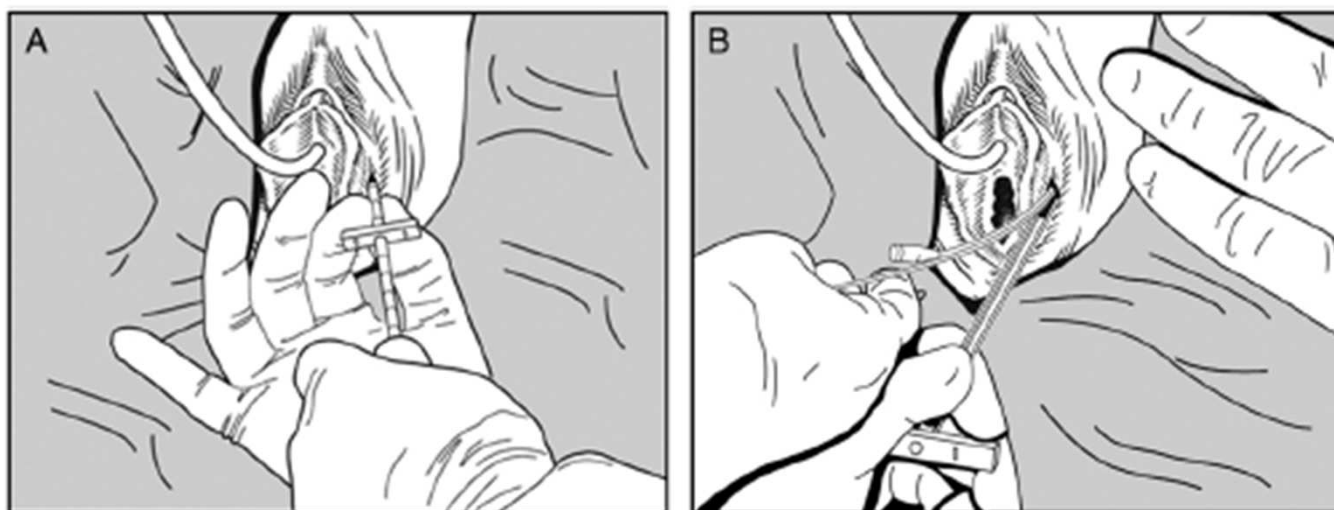
Ballonnets “*in Vivo*”







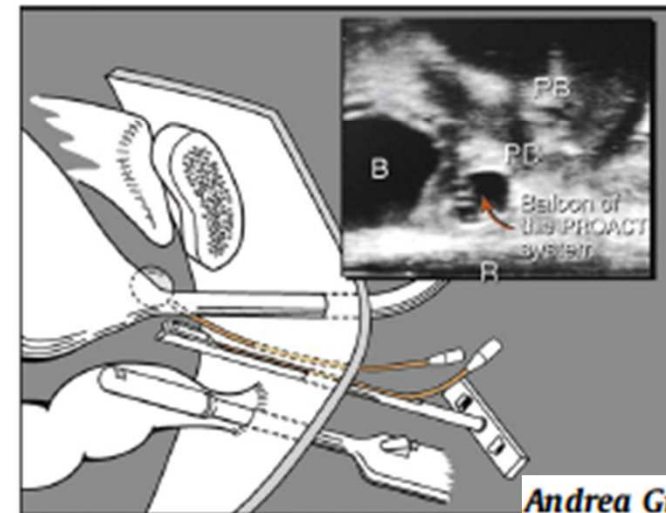
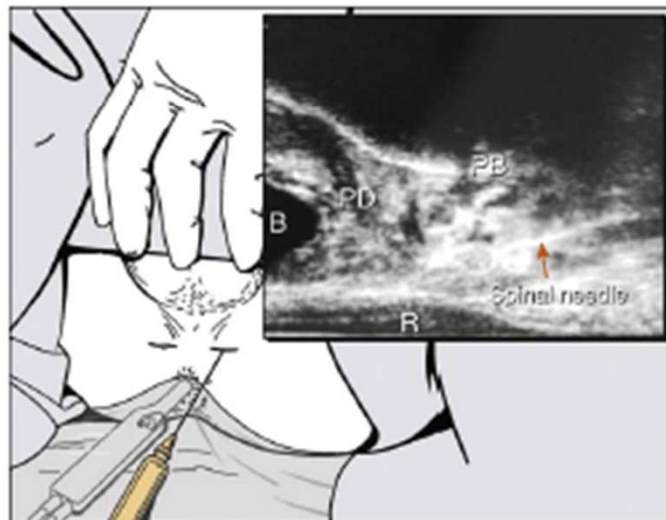
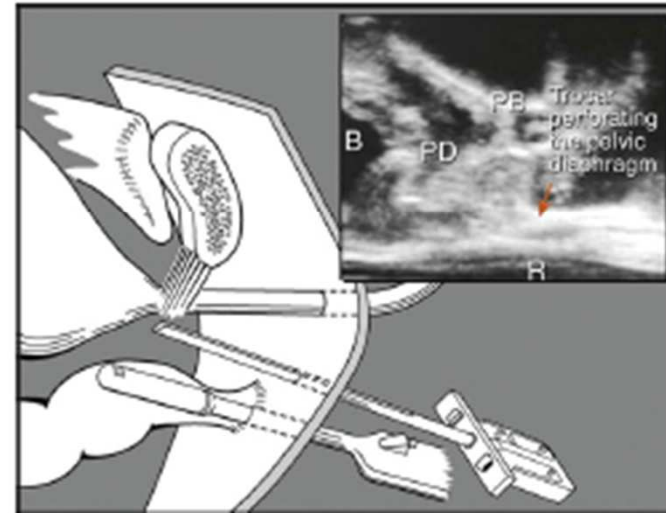






Transrectal Ultrasound-Guided Implantation of Adjustable Continence Therapy (ProACT): Surgical Technique and Clinical Results After a Mean Follow-Up of 2 Years

20



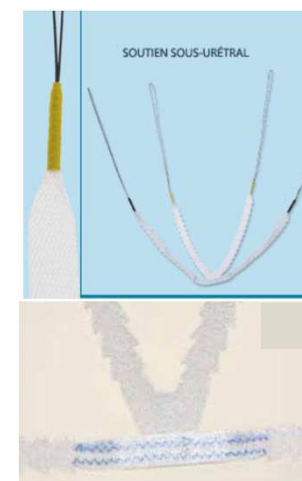
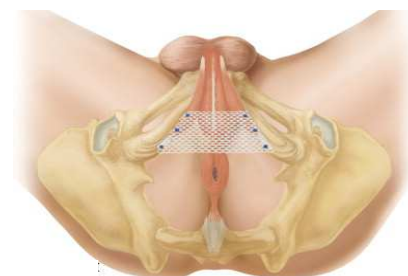
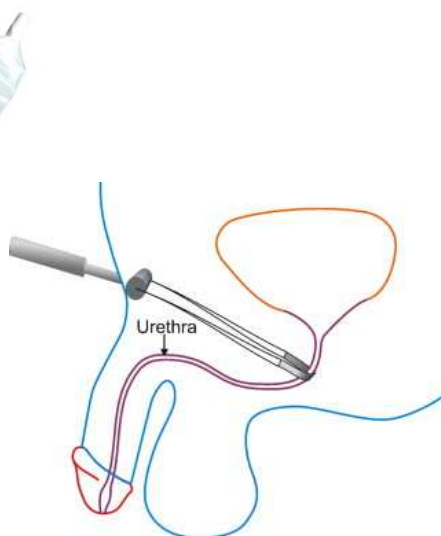
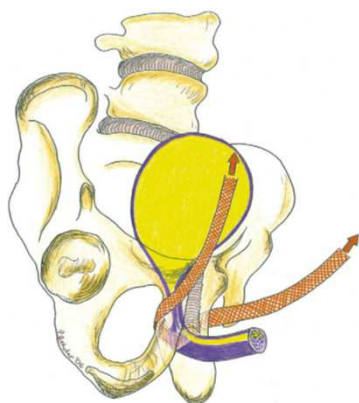
Andrea Gregori¹

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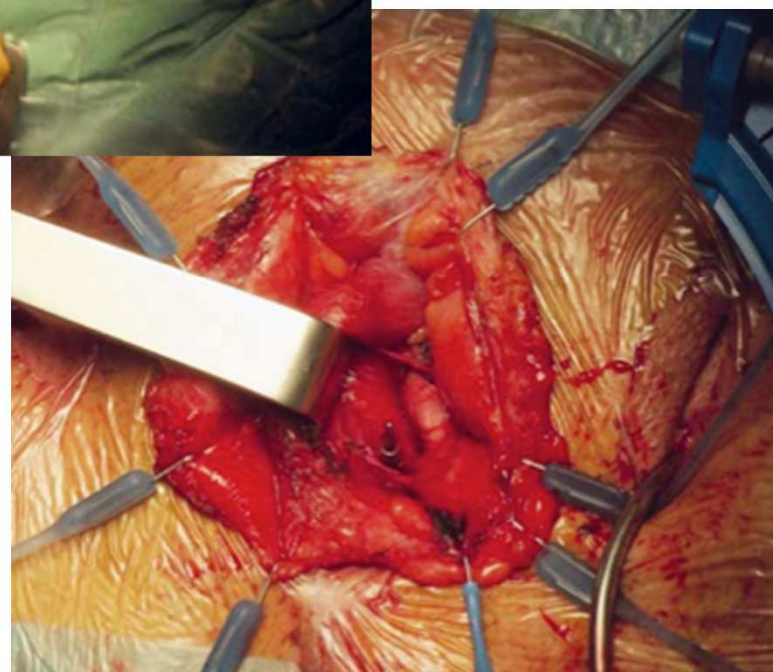
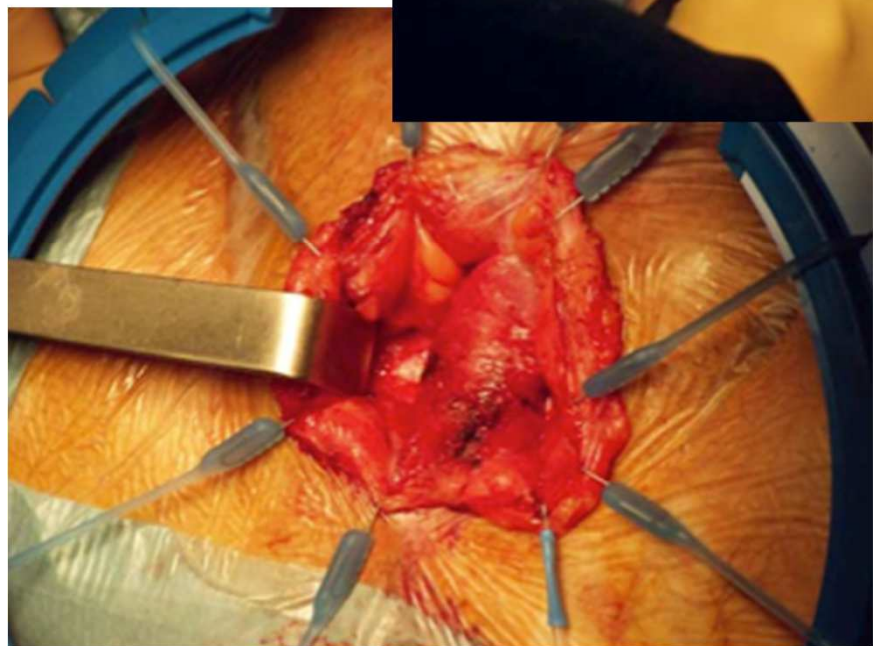
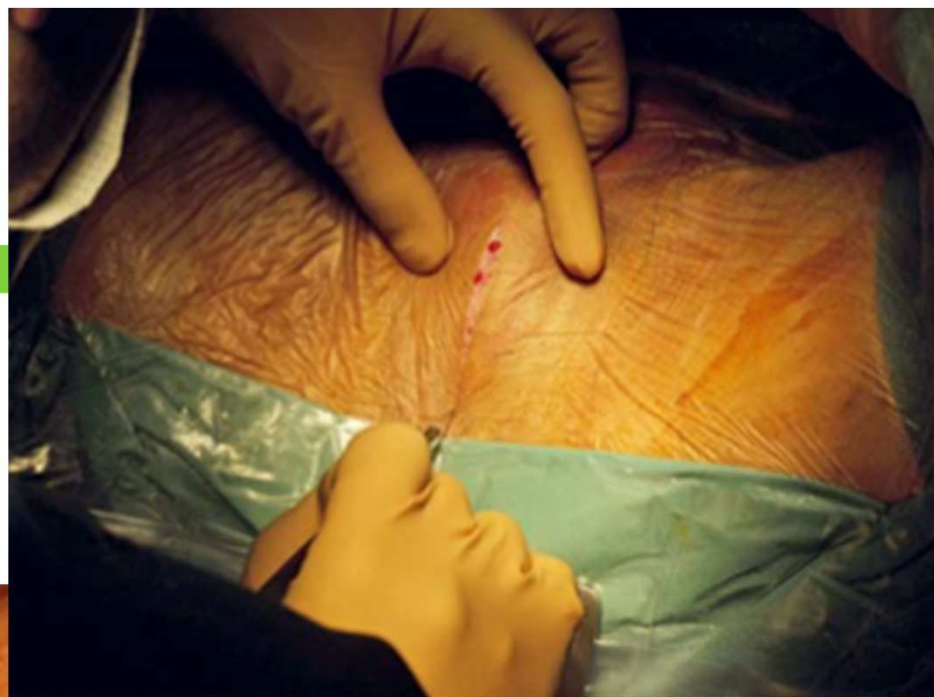
EUROPEAN UROLOGY 57 (2010) 430–436

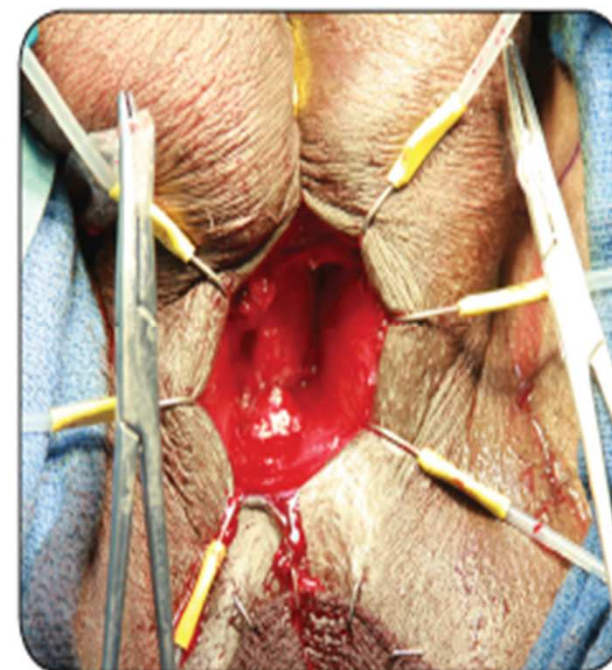
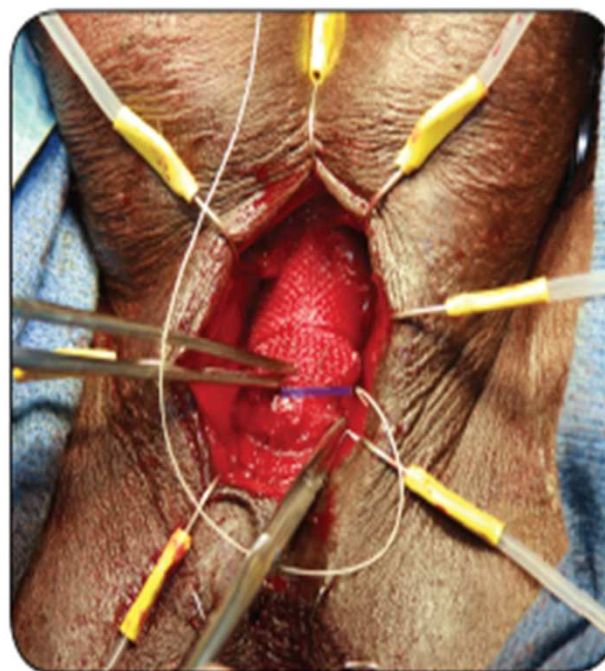
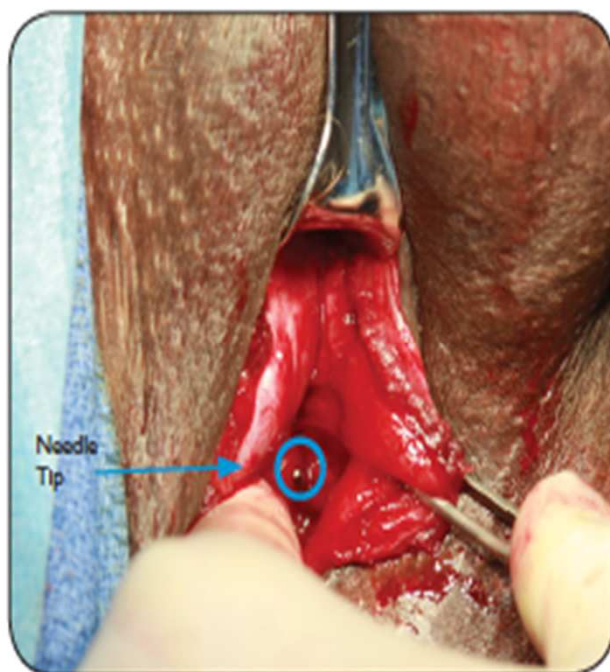
Bandelettes sous/ rétro Urétrales

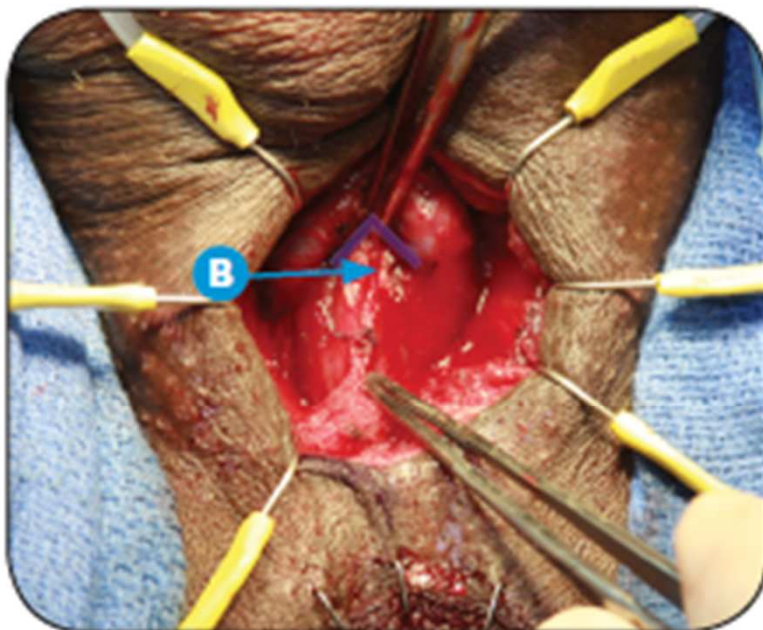
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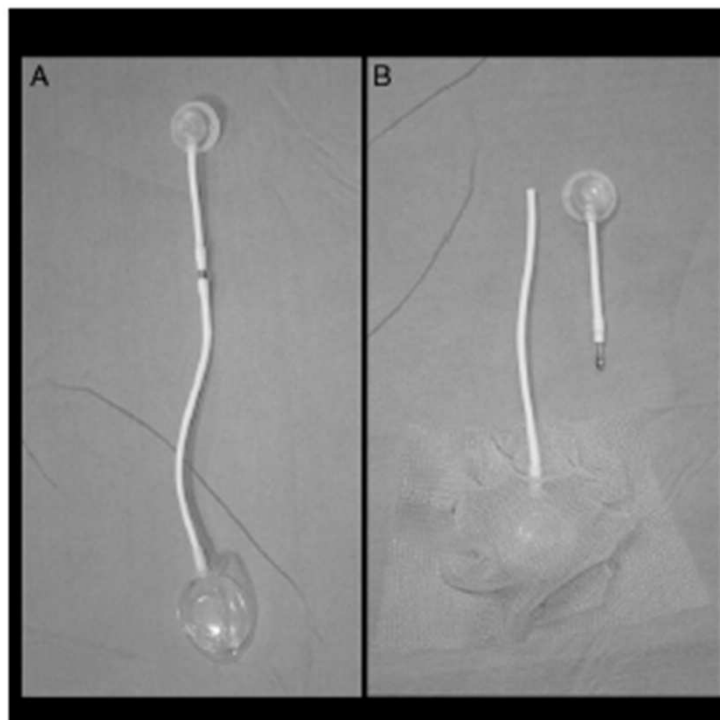
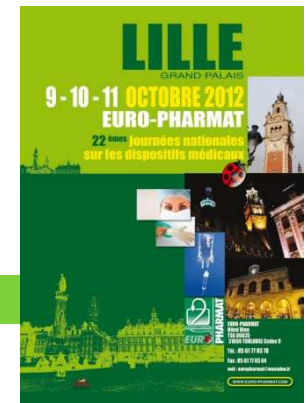


A New Device for the Treatment of Post-Prostatectomy Incontinence: Adjustable Perineal Male Sling

Kubilay Incl,

Vol. 179, 605-609, February 2008

25



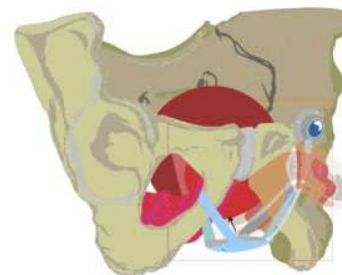
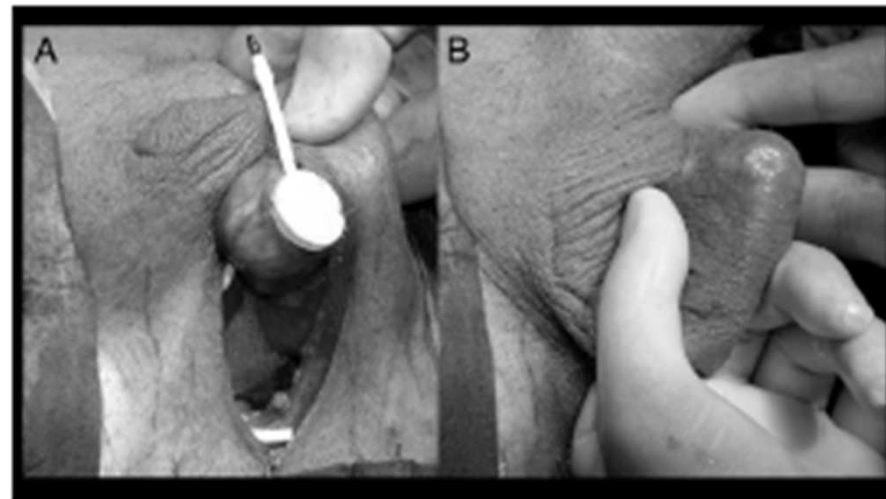
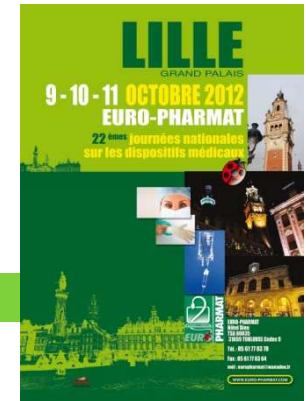
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Vol. 179, 605-609, February 2008

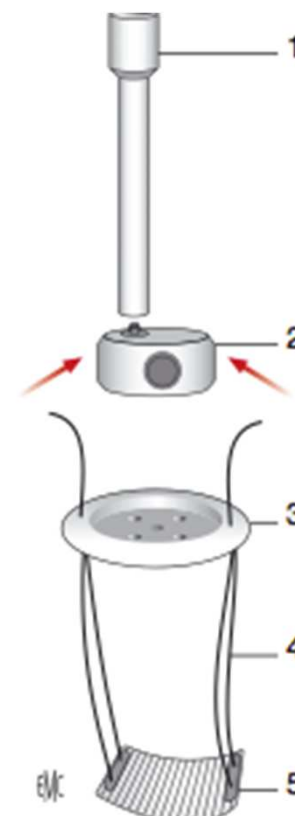
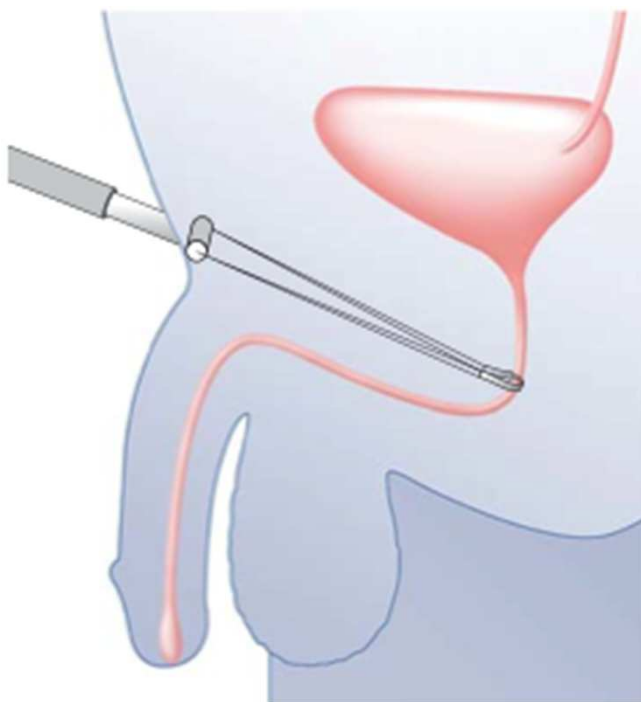
26



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Remeex: régulation mécanique externe MRS®: Male Readjustable System

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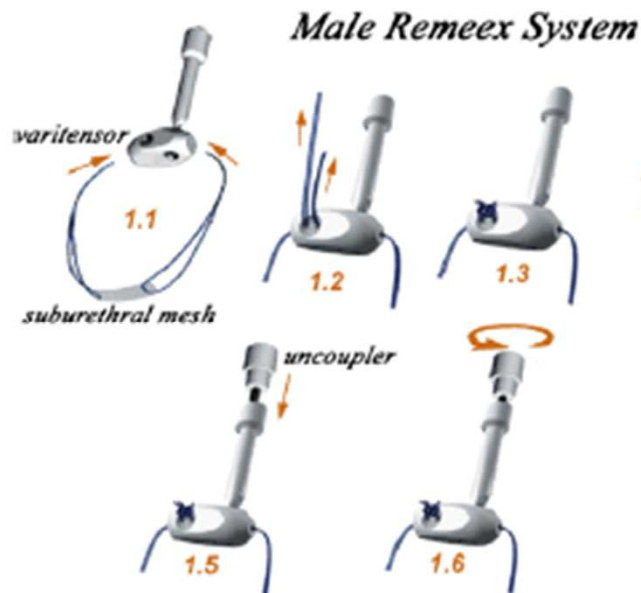


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Adjustable Suburethral Sling (Male Remeex System®) in the Treatment of Male Stress Urinary Incontinence: A Multicentric European Study

Soussa-Escandon, Eur Urol
2007

28



UROLOGY 52 (2007) 1473-1480



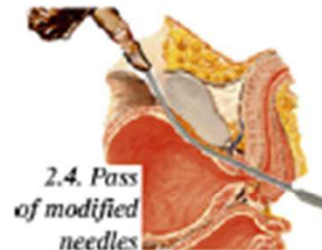
2.1. - Perineal access



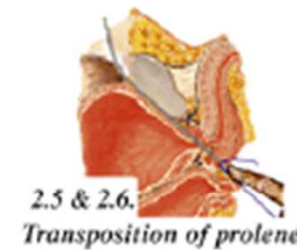
2.2. - Urethral dissection



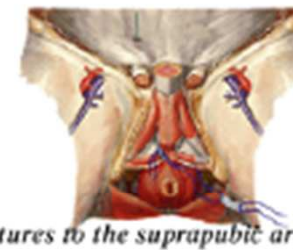
2.3. - Suprapubic access



2.4. Pass of modified needles



2.5 & 2.6. Transposition of prolene sutures to the suprapubic area



2.7. Mesh placement

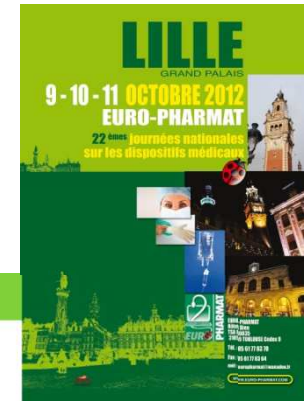


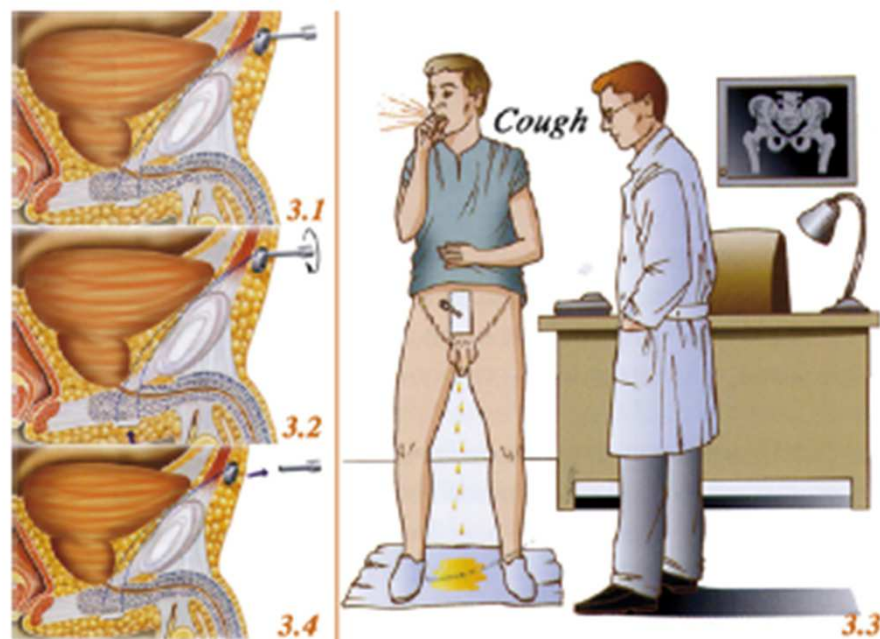
2.8. Mesh in bulbar urethra

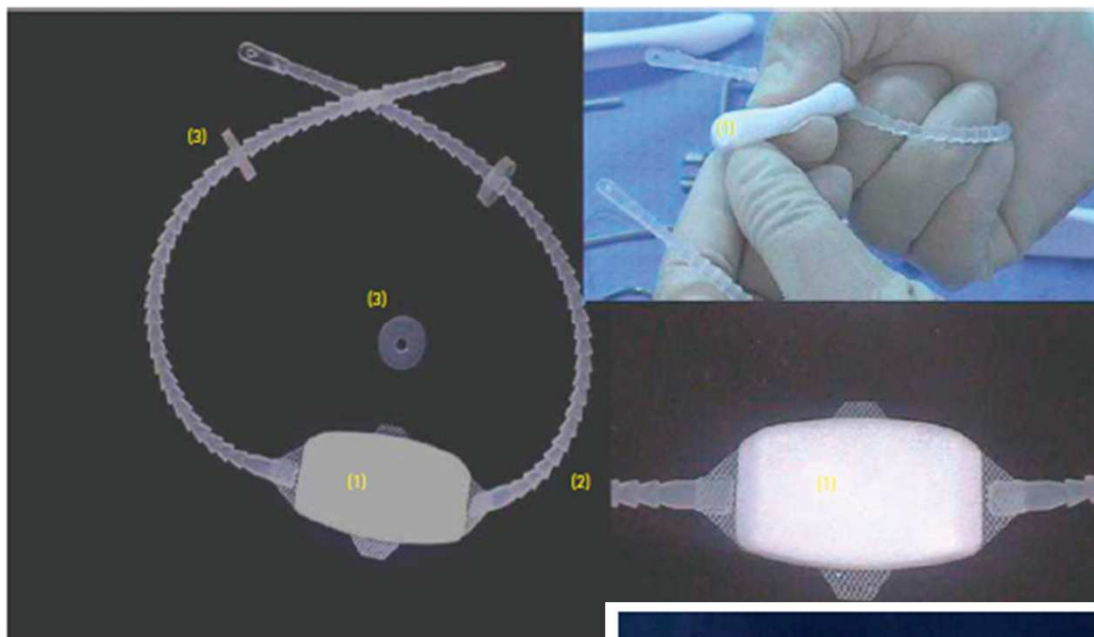


2.9. Placement of readjustable prosthesis

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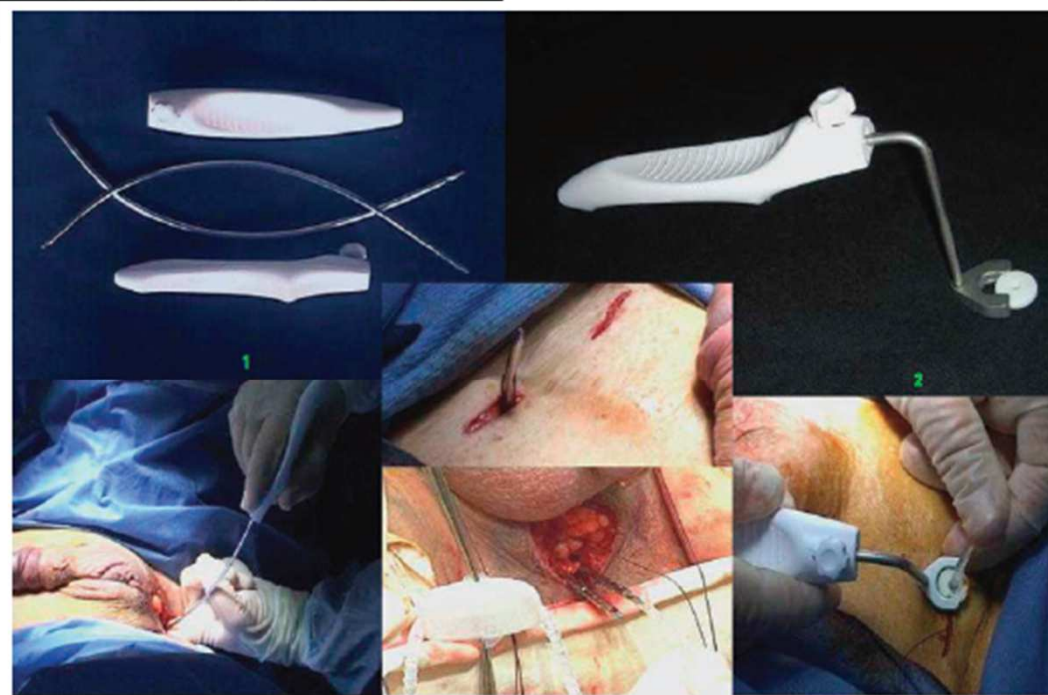




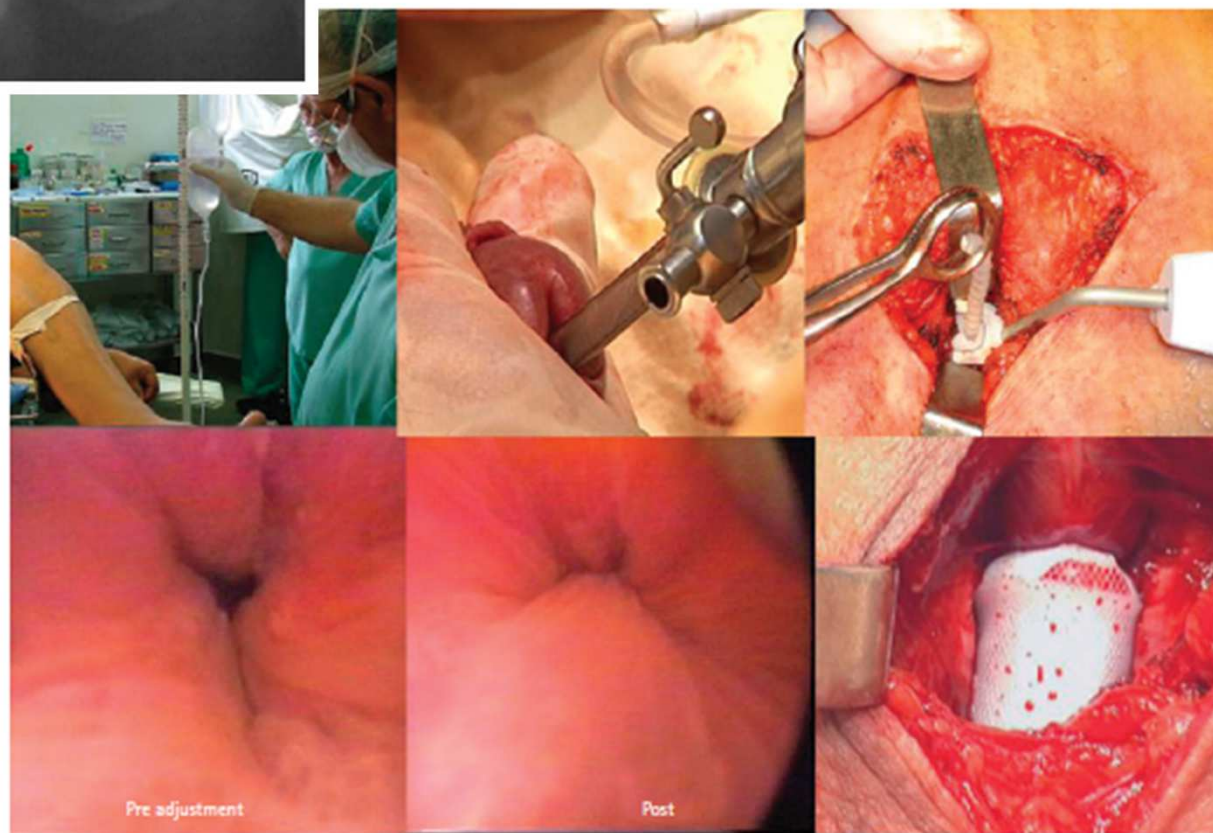


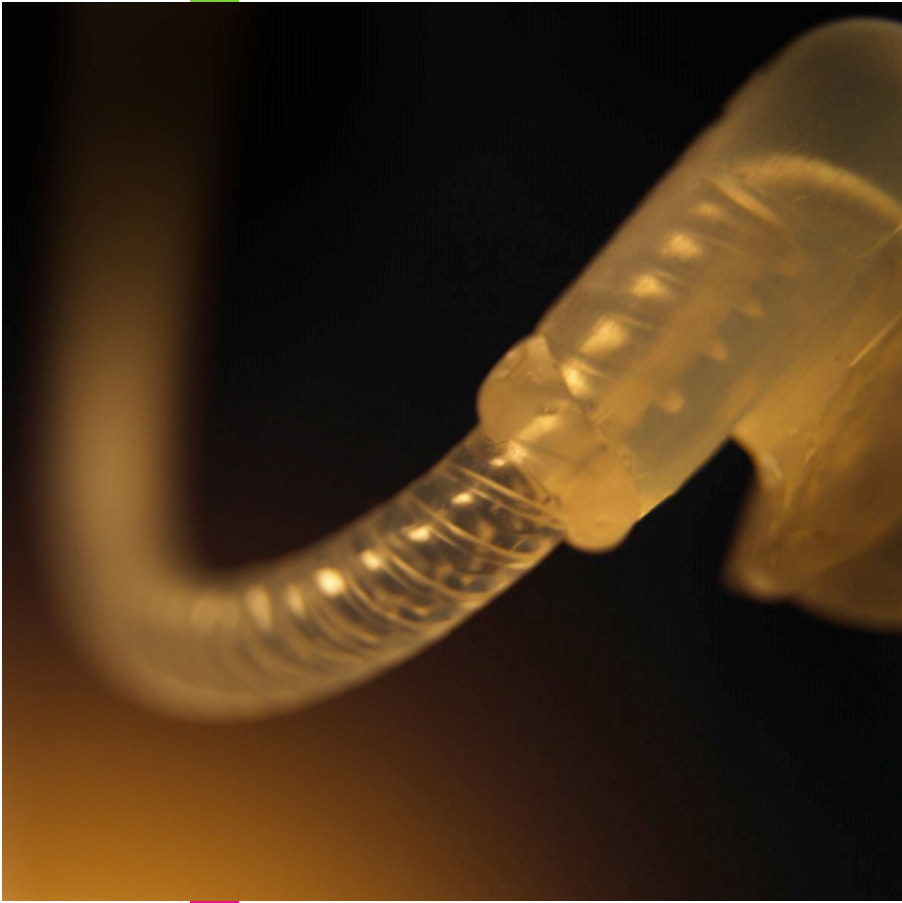
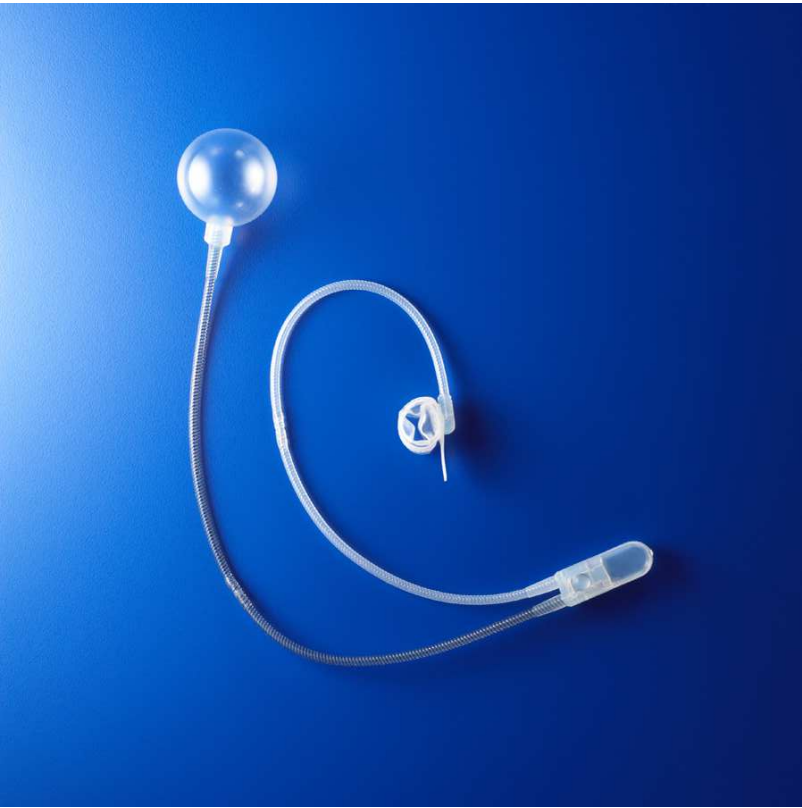
An adjustable male sling for treating urinary incontinence after prostatectomy: a phase III multicentre trial

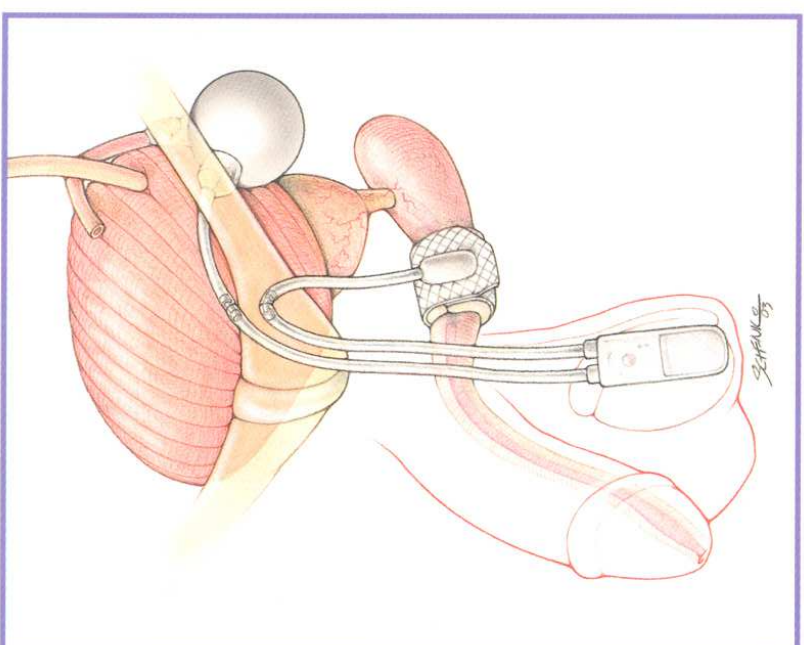
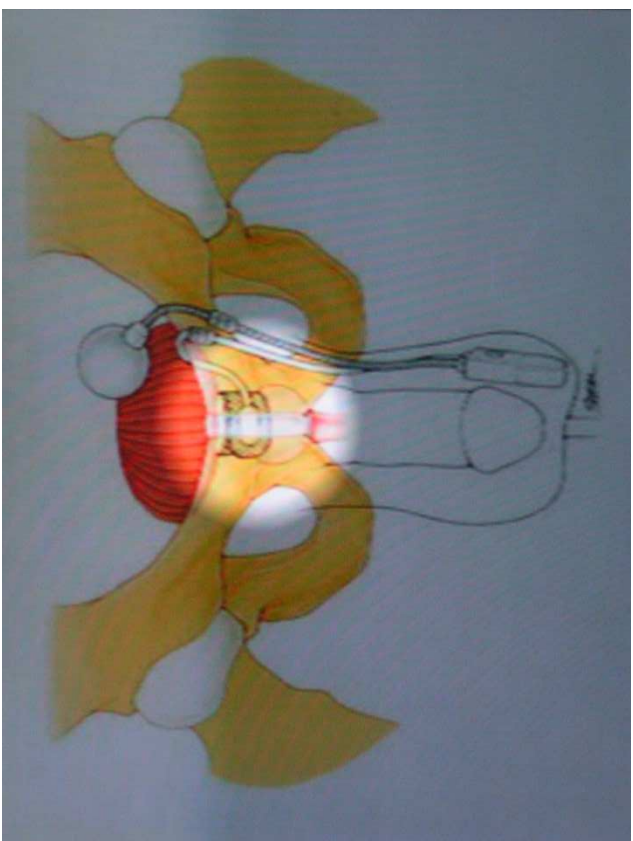
BJU, 2006 système
Argus®

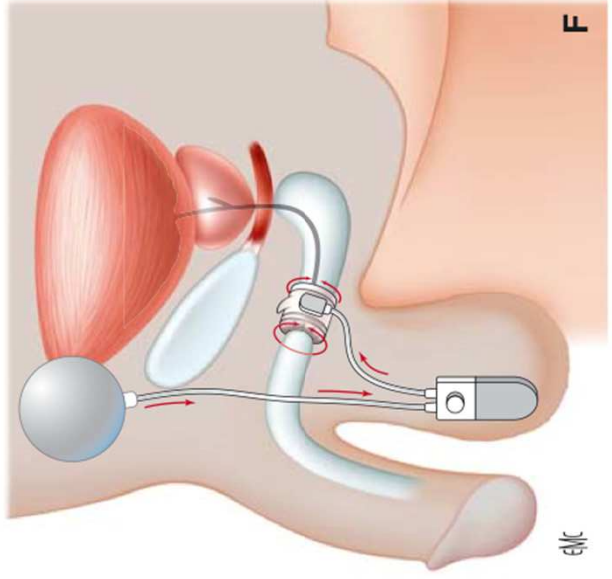
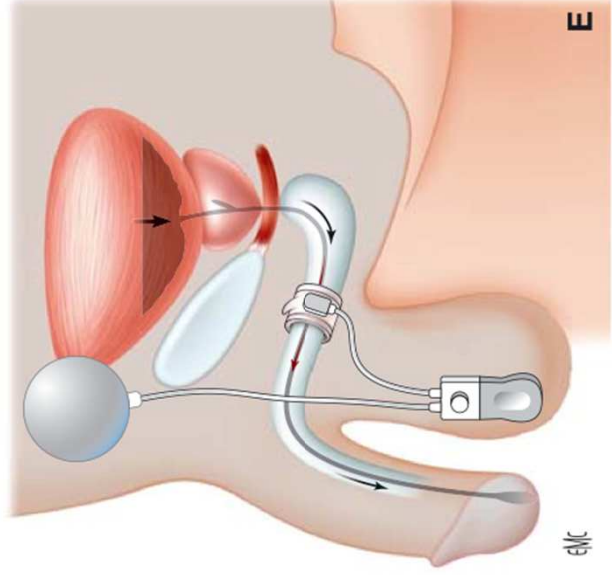
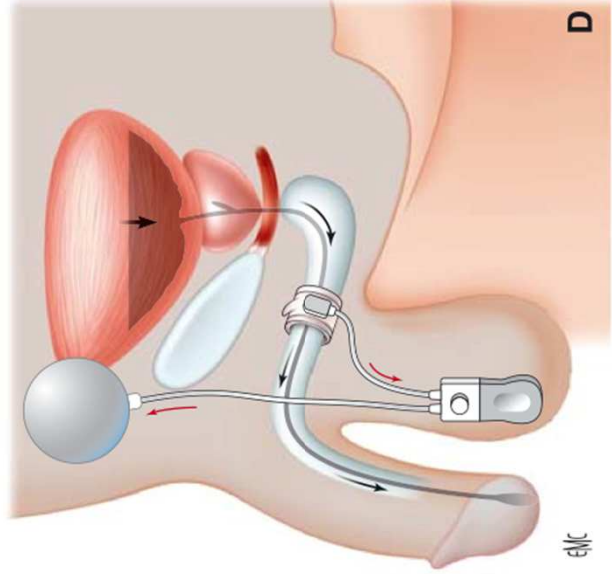
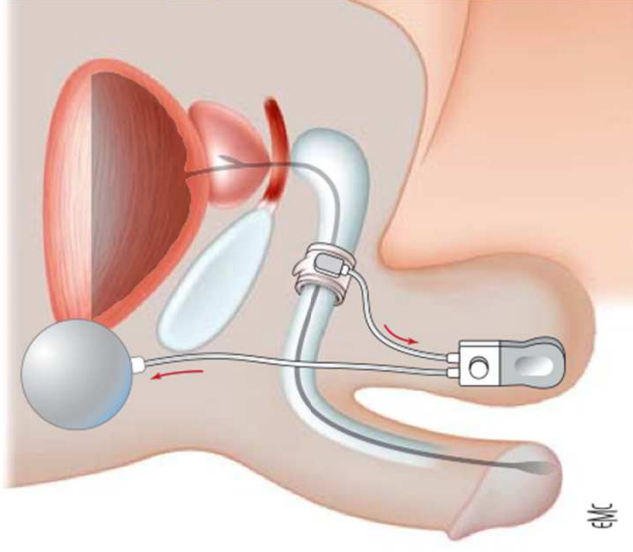
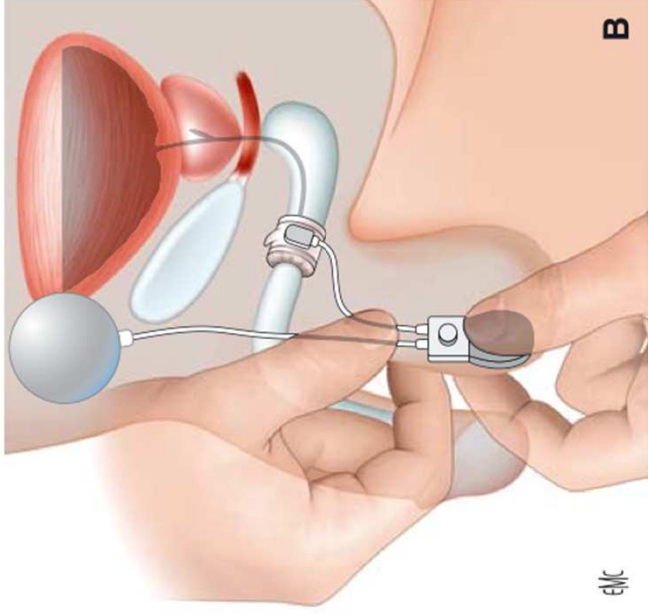
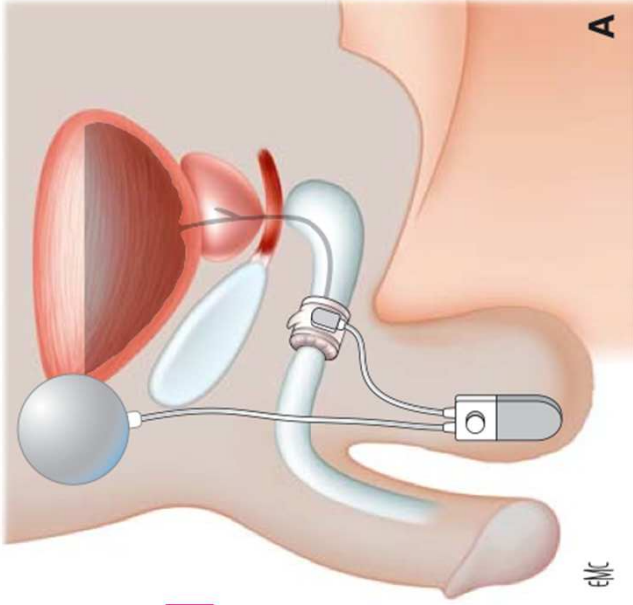


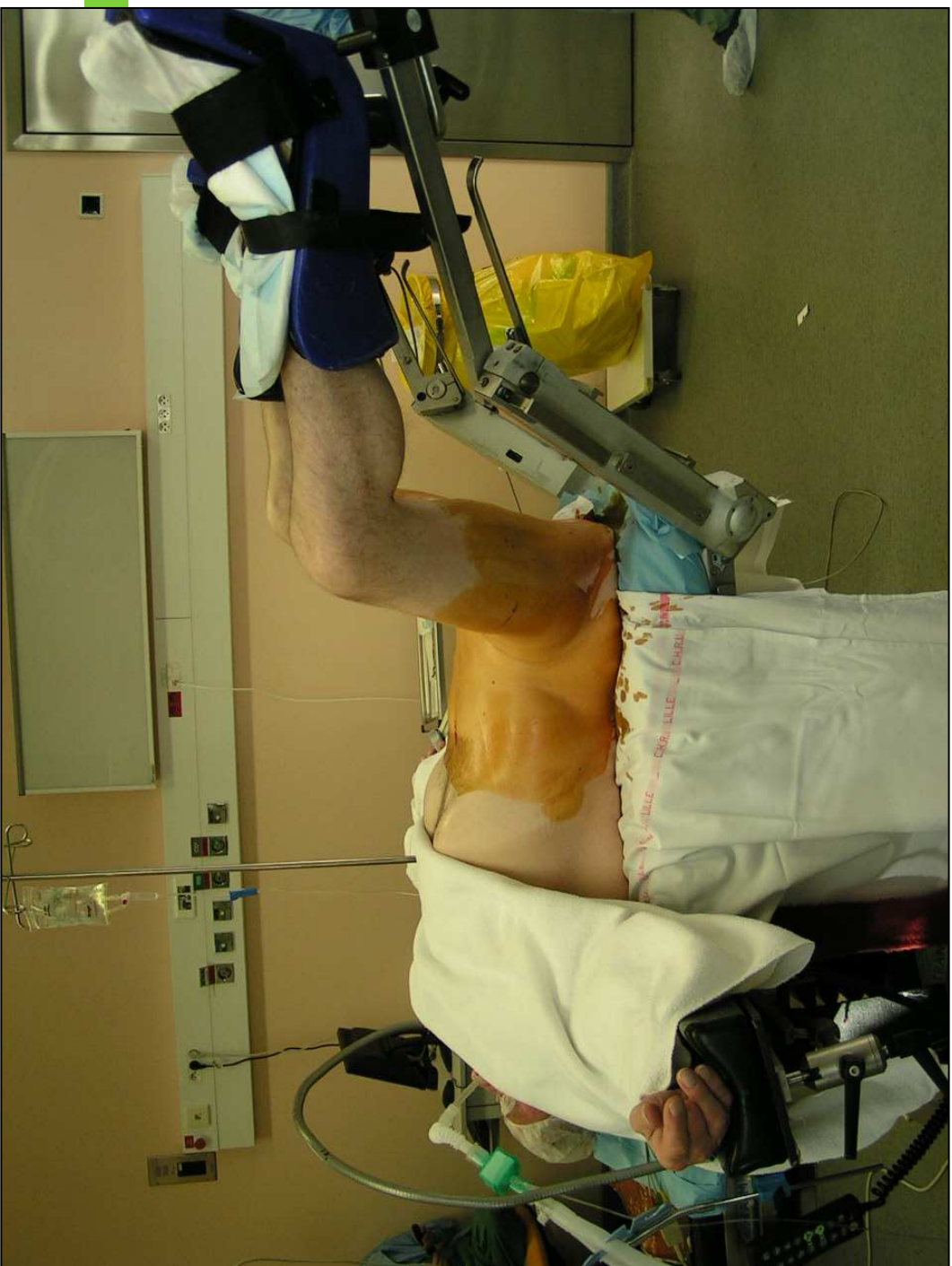
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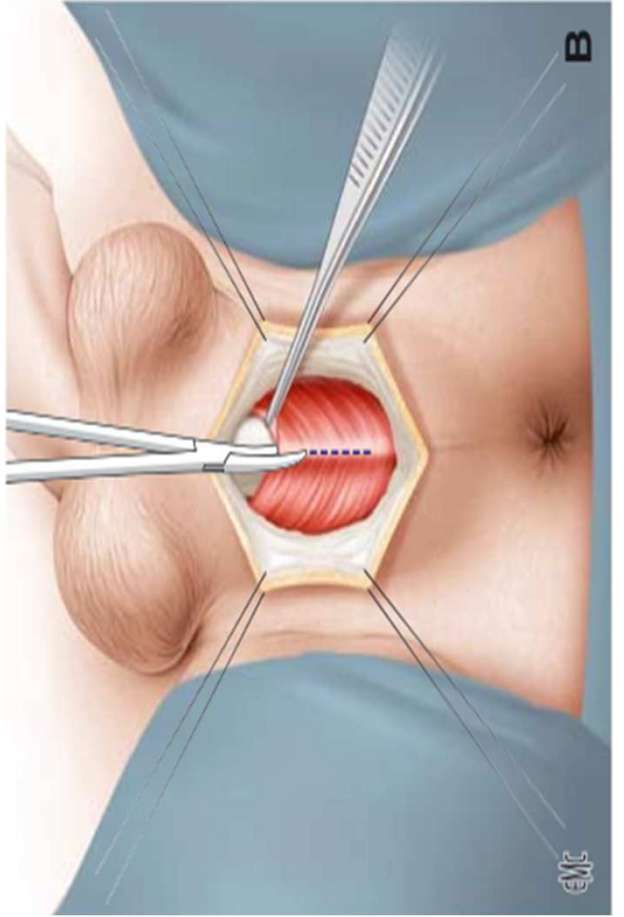
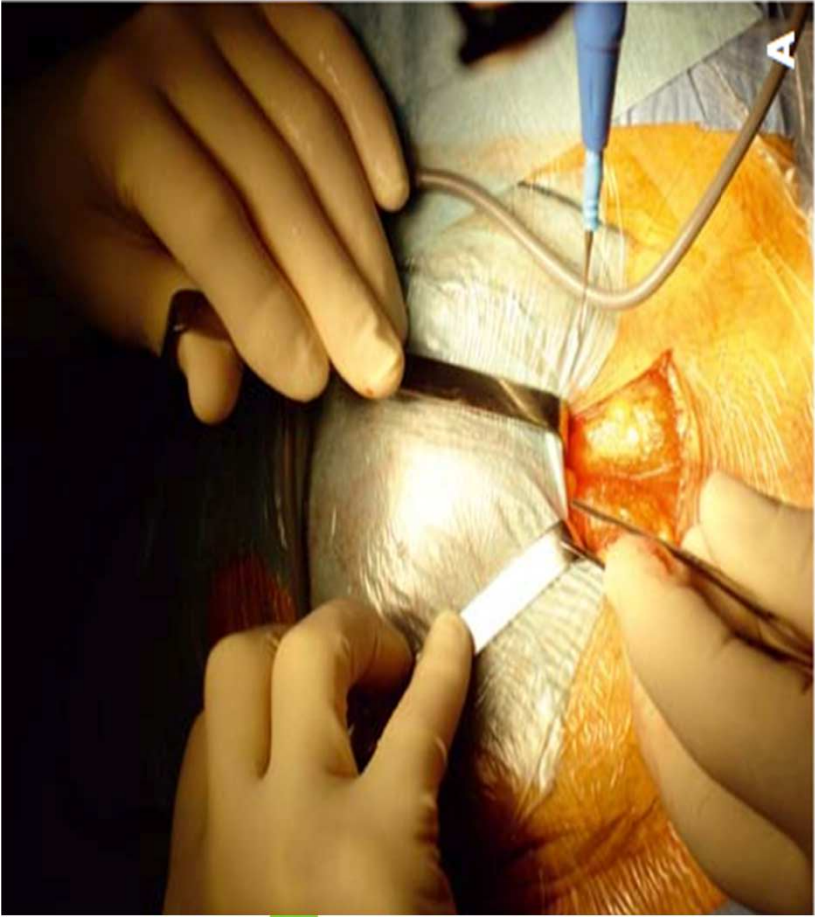






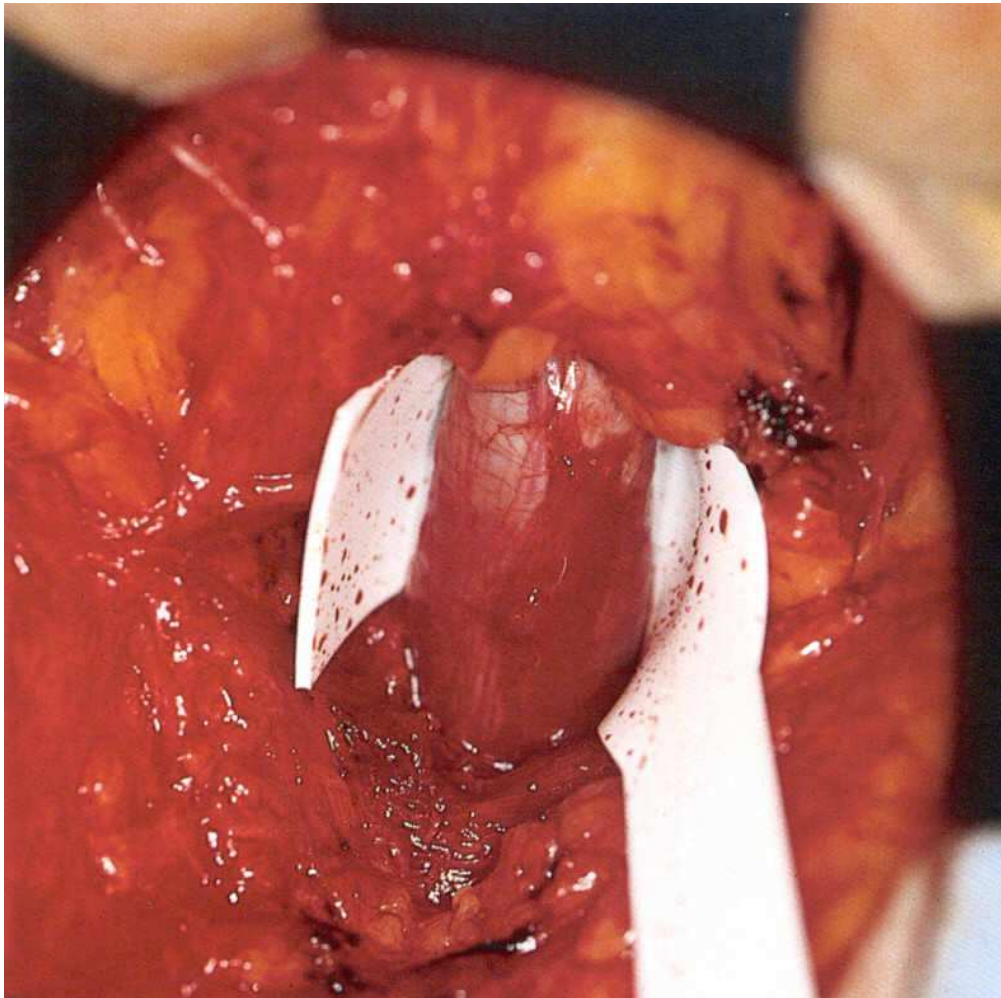








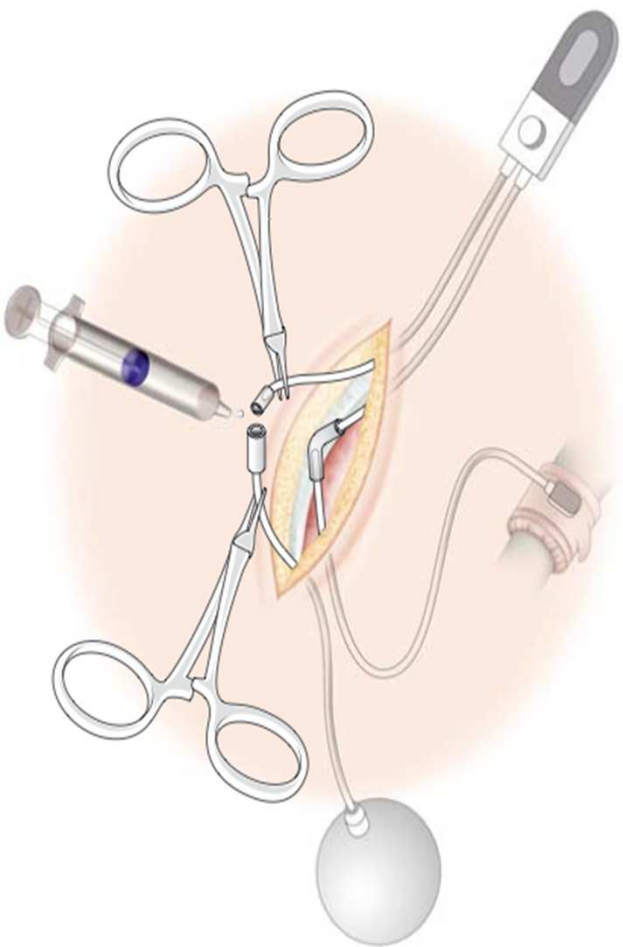
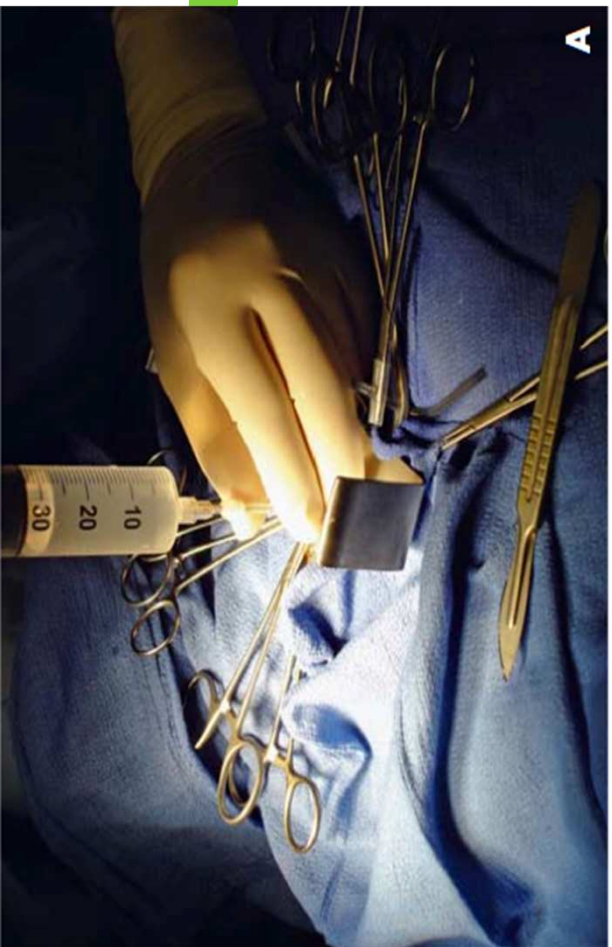
Création de l'espace péri-urètral



Création d'un espace large de 2 cm pour permettre la mise en place de la manchette









ROBOT ASSISTED LAPAROSCOPIC PLACEMENT OF AN ARTIFICIAL URINARY SPHINCTER FOR A FEMALE PATIENT

V. FLAMAND, T. GHONEIM, F. MARILIERE, A. VILLERS, F. MARCELLI

Urology Department CHRU Lille – Université Lille2-Nord de France



Hyper Activité Vésicale

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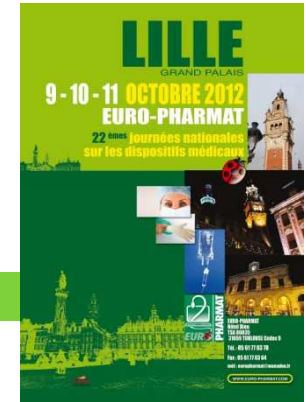


<http://www.dessolutionspournavessie.fr/>

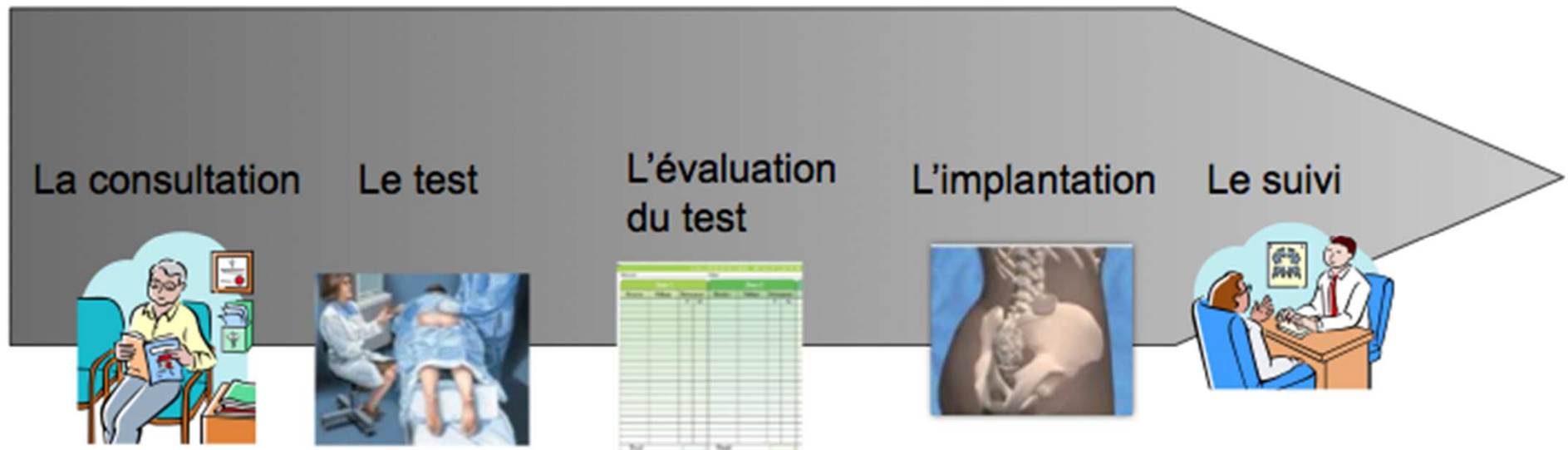
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NeuroModulation Sacrée

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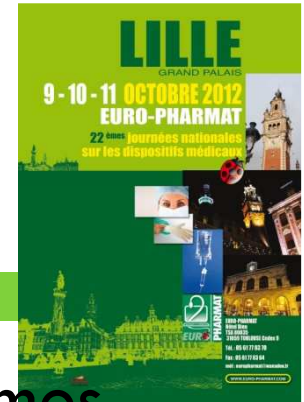
- Indications Urologiques:
 - ▣ Vessie hyperactive, HAV réfractaire avec ou sans fuite
 - ▣ Rétention urinaire chronique non obstructive



Mécanismes?

47

- Restauration de la balance reflexe des systèmes excitateurs/inhibiteurs
- Amélioration de la réponse afférente via pudendal
- Variabilité dans le temps stimulation aigue/chronique
- Restauration activité cérébrale du contrôle mictionnel



Une mise en place en 2 étapes

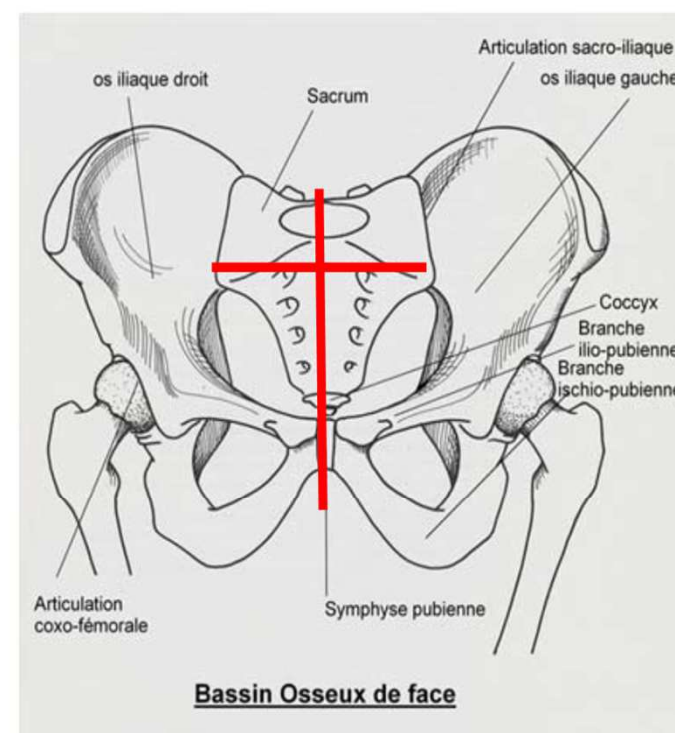
Phase I : Phase diagnostique (temporaire)
Sélection des patients répondeurs
Durée : 1 à 2 semaines

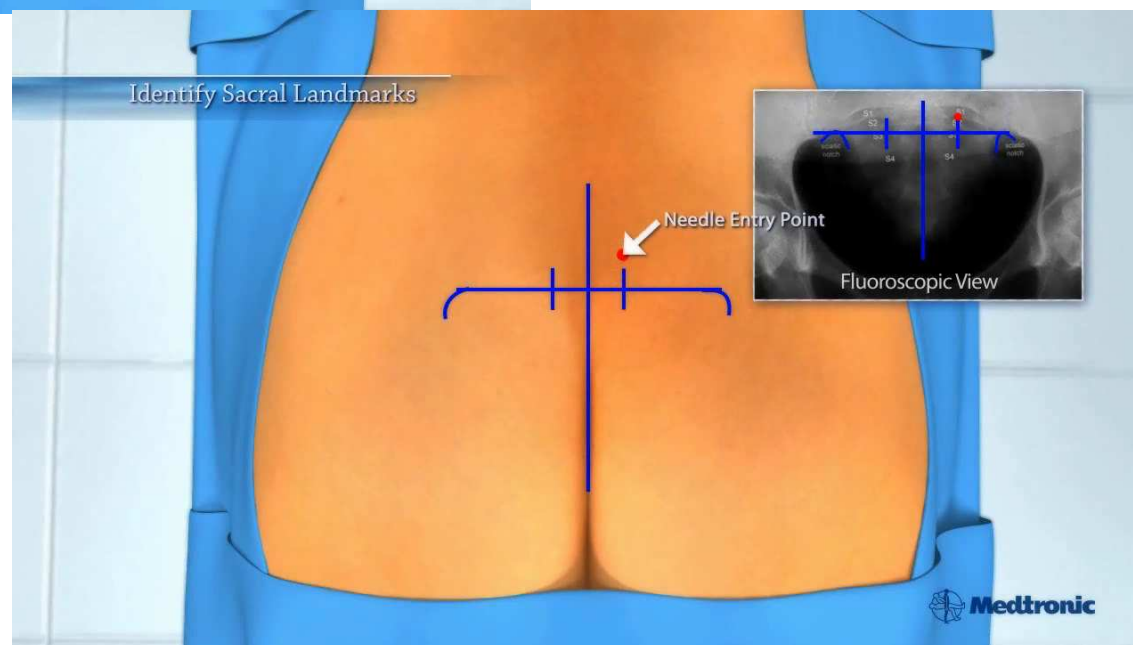
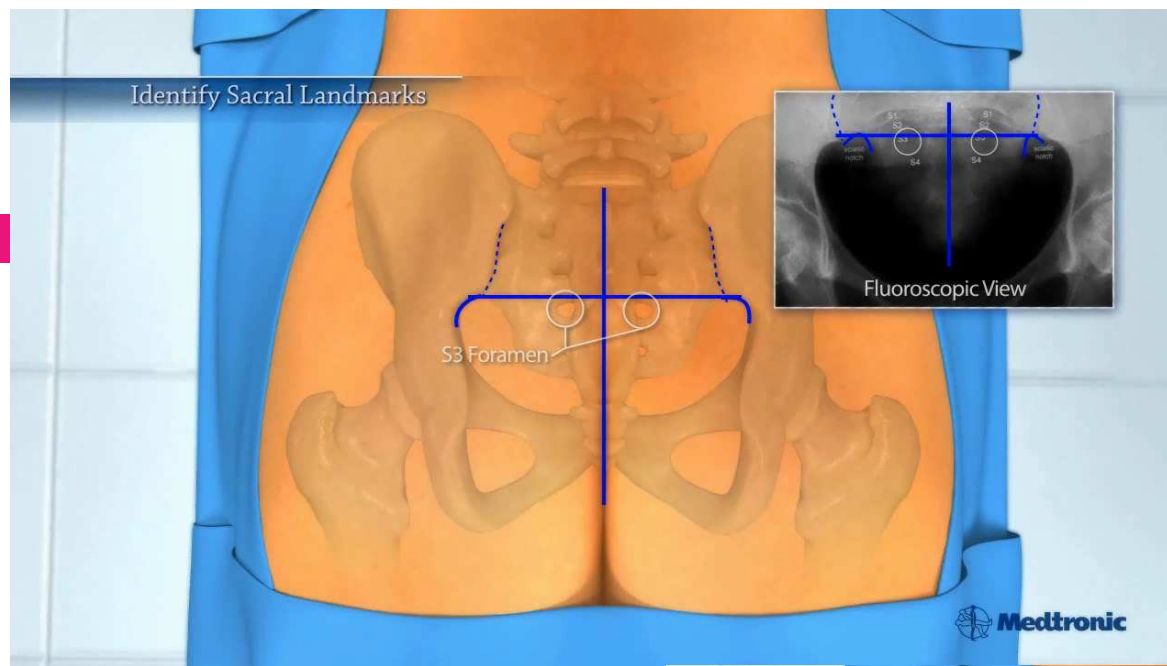


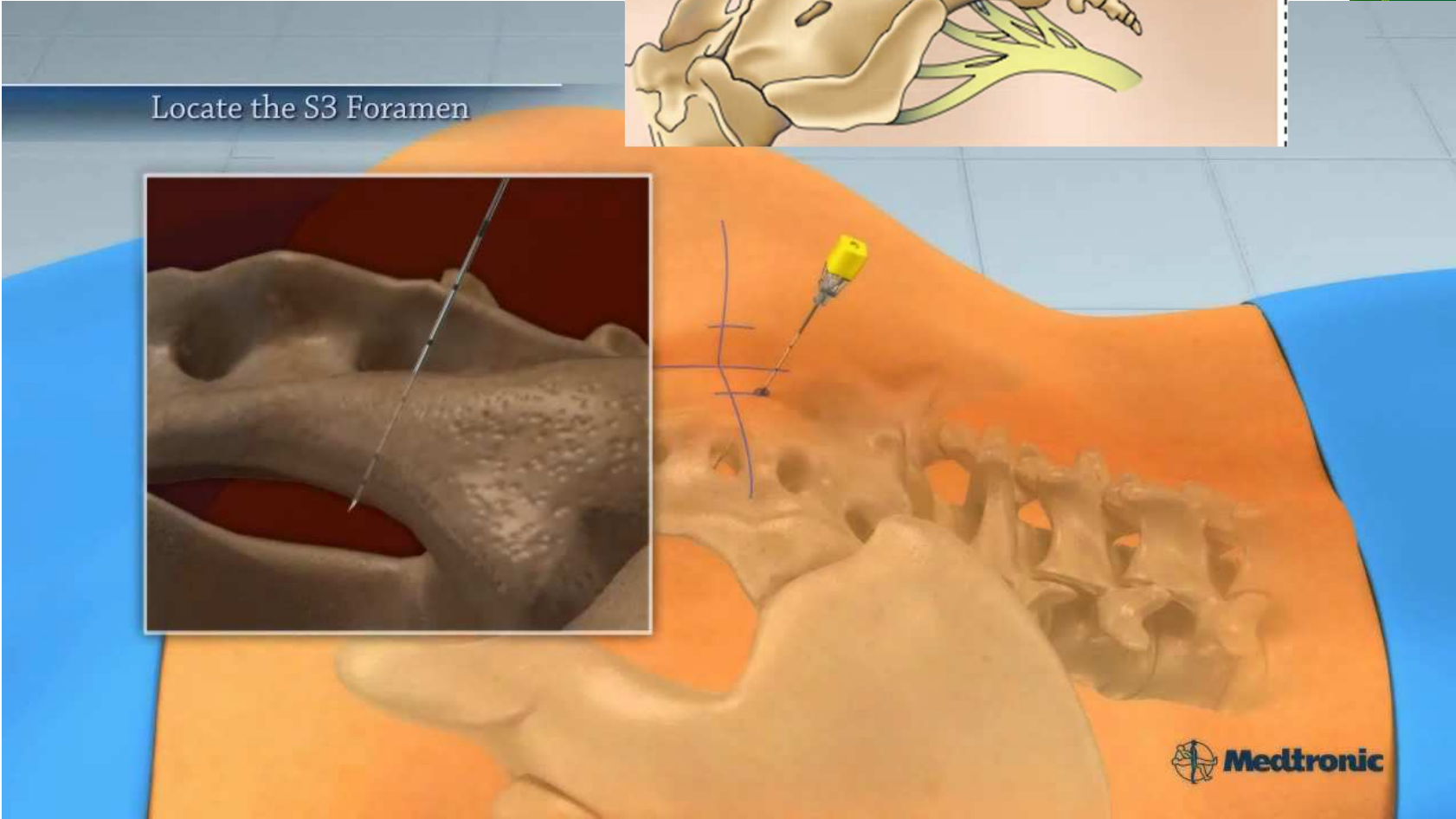
Evaluation du test

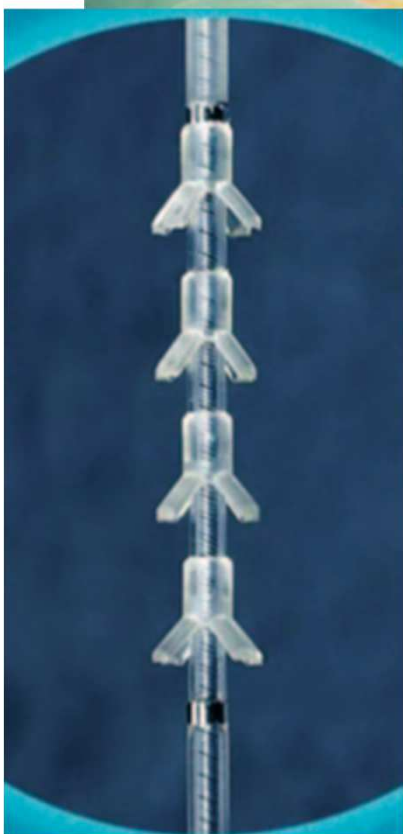
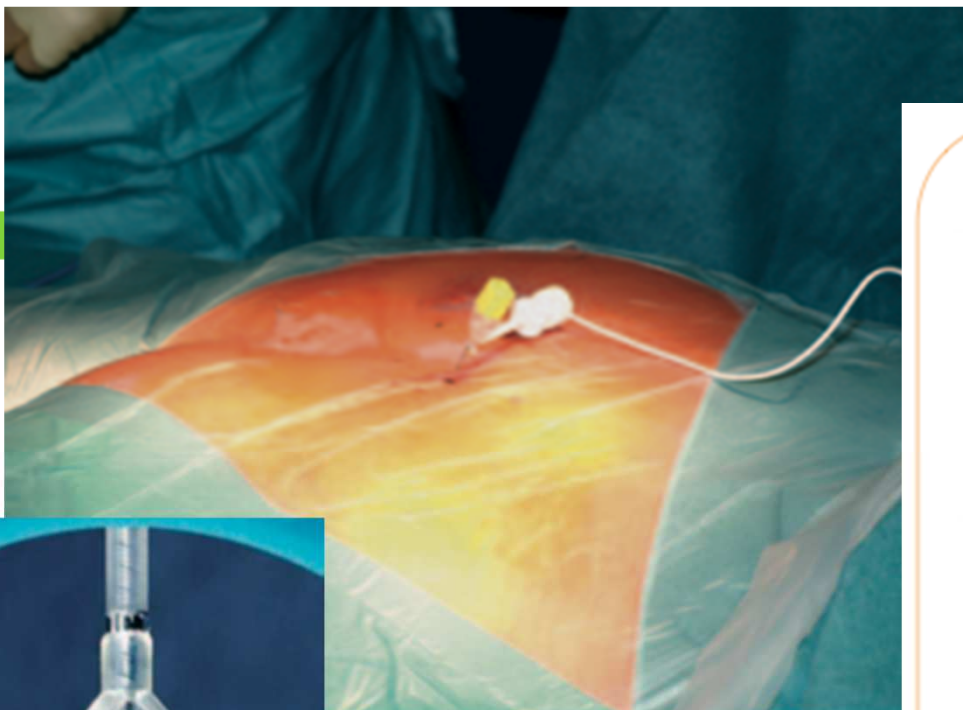
Phase II : Phase thérapeutique (définitive)









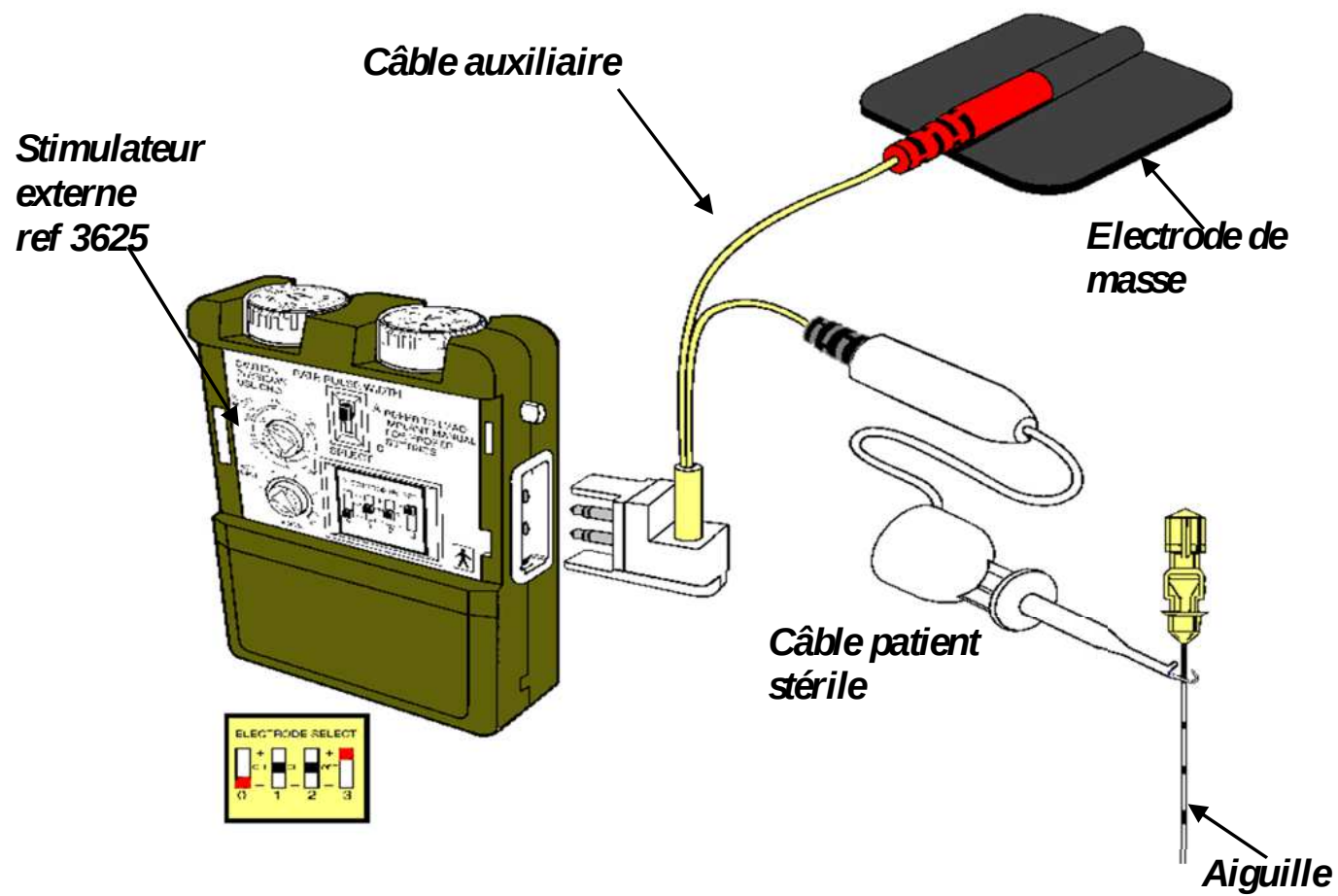


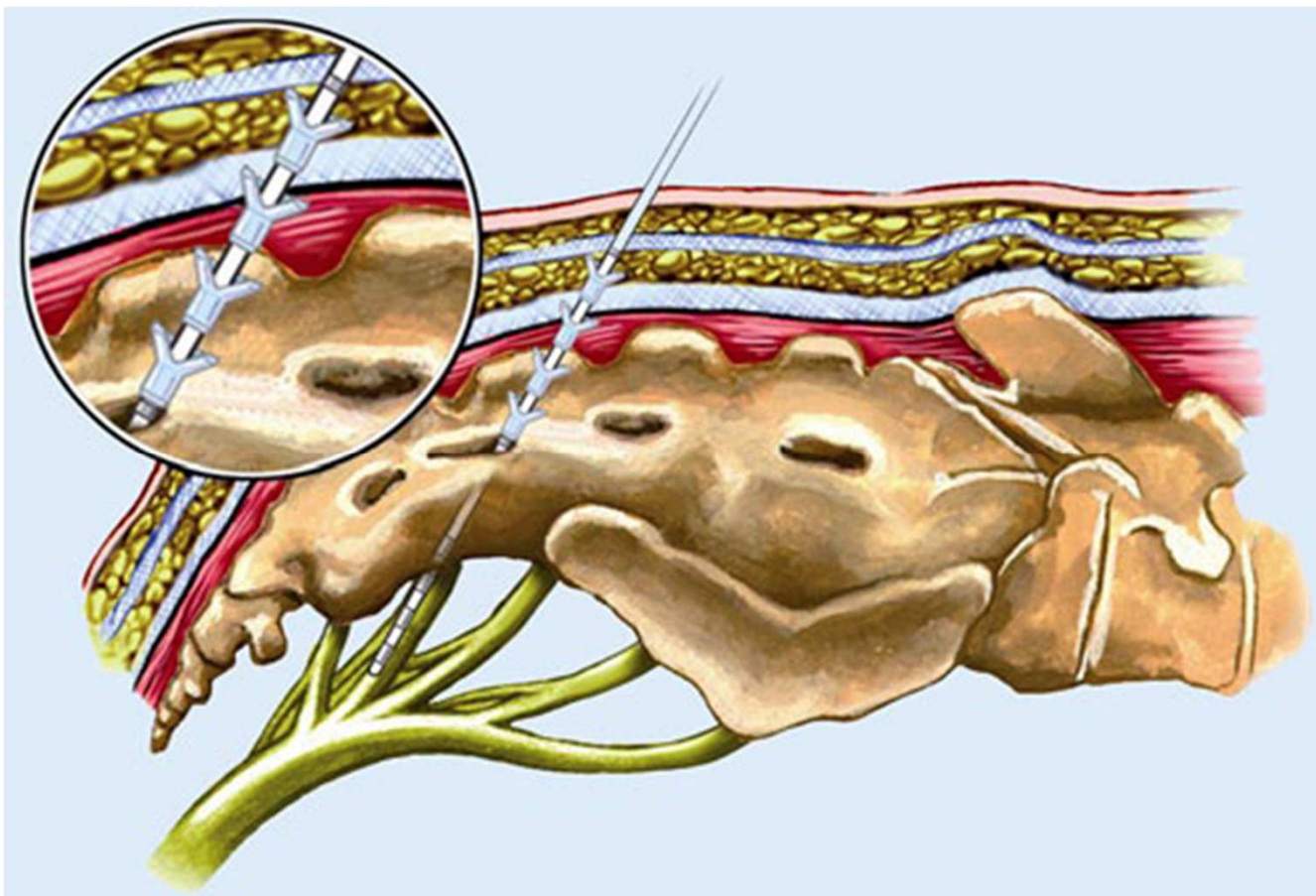
Electrodes à barbes

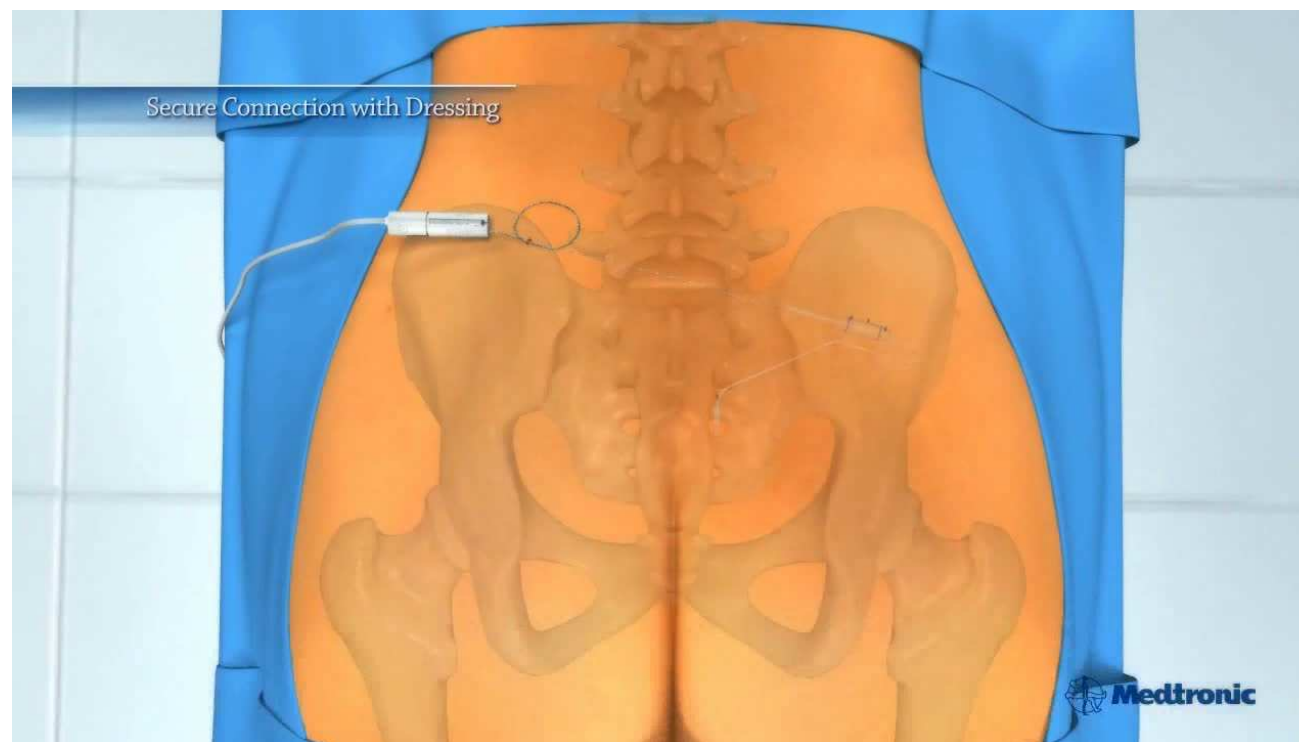
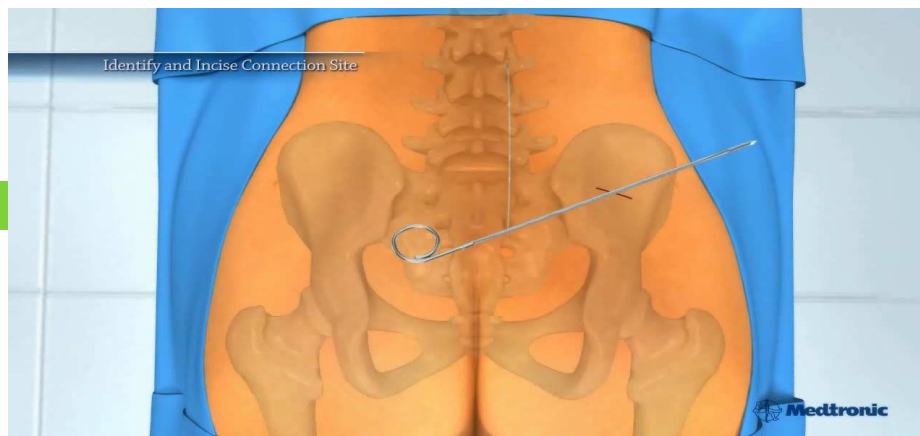


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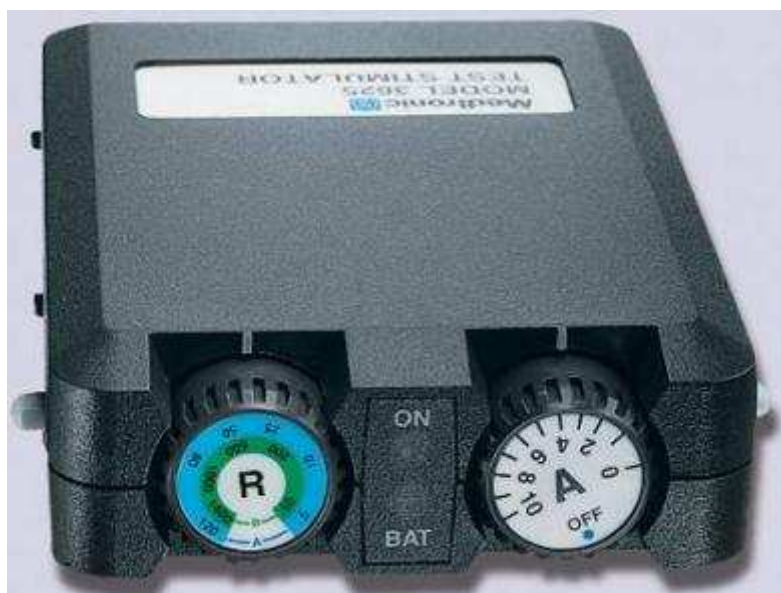


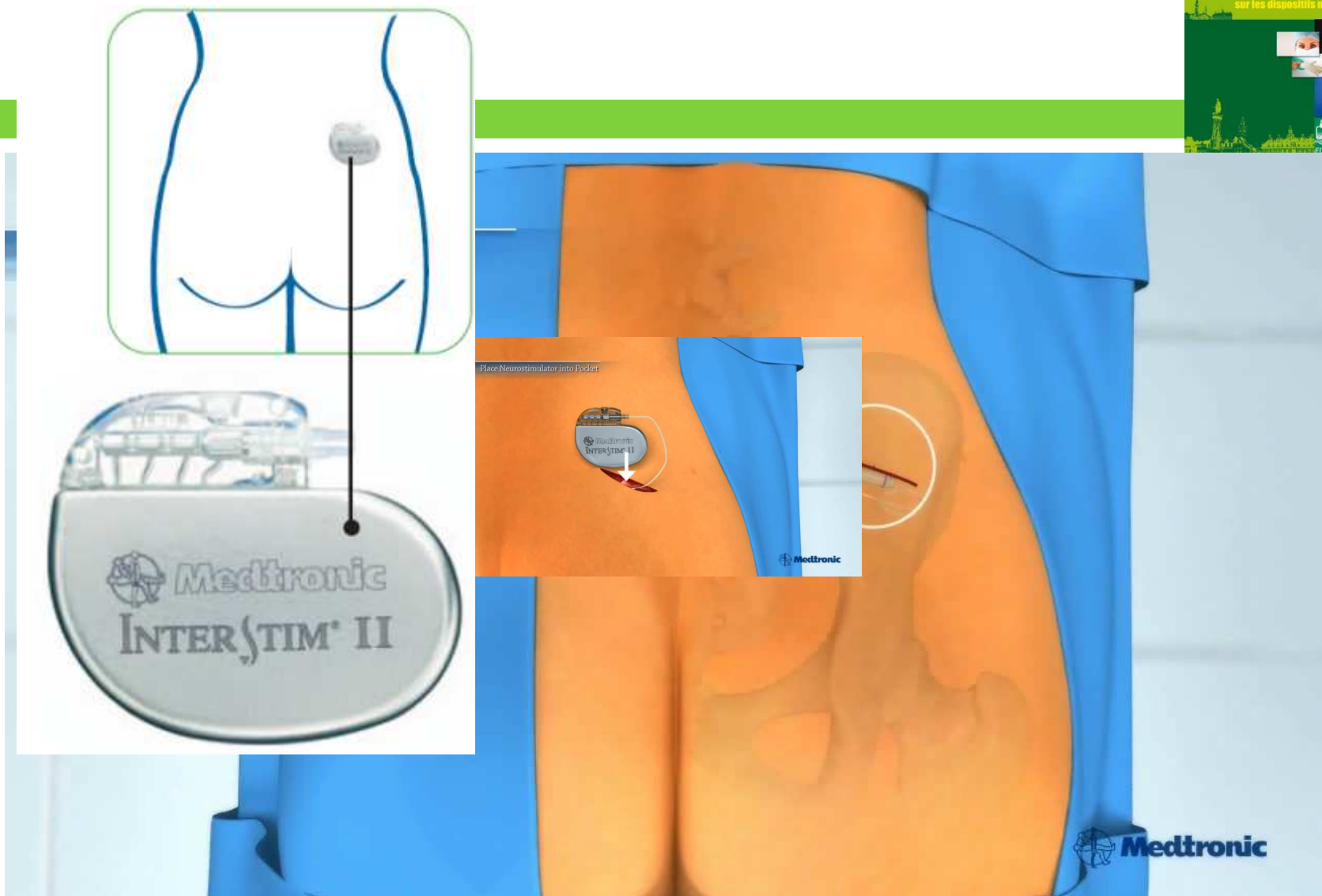






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NEUROSTIMULATION SYSTEM PATIENT IDENTIFICATION	
The bearer of this card has an IMPLANTED NEUROSTIMULATION SYSTEM that is used to deliver electrical stimulation to the spinal cord or peripheral nerves.	
Model Number:	_____
Serial Number:	_____
Implant Date:	_____
Lead Model:	_____
Patient's Name Nom Patient	_____
Address Adresse	_____
In emergency, please contact En cas d'urgence, contacter	_____
Physician/Médecin Name Nom	_____
Phone Number Numéro de téléphone	_____
Medtronic, B.V. The Netherlands	



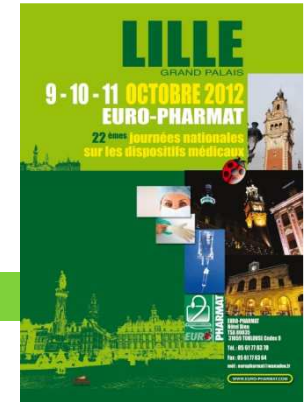
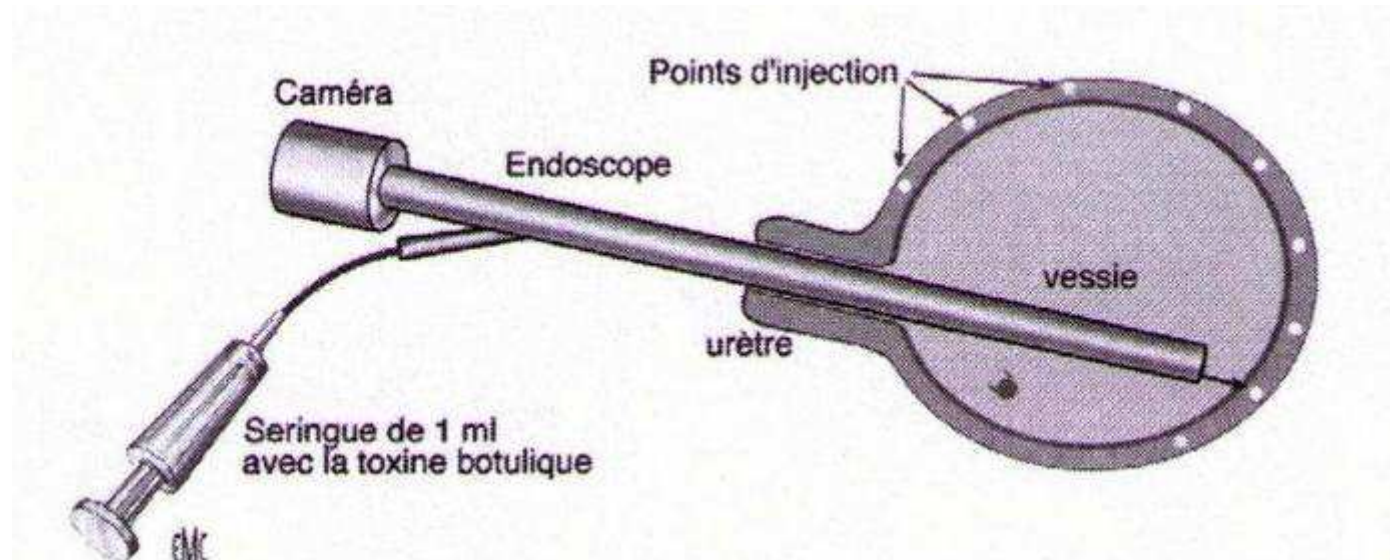
Program the Neurostimulator



Toxine botulinique

Intra-détrusorien

- En soins ambulatoires
- Sous cystoscopie
- Antibioprophylaxie
- $\pm$ Anesthésie locale (instillation intra-vésicale de lidocaïne pendant 10 à 20 mn), parfois loco-régionale ou générale

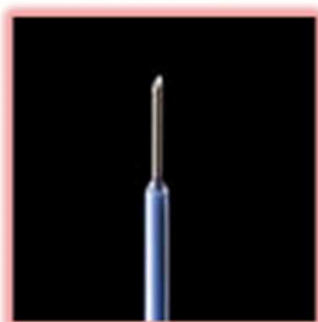
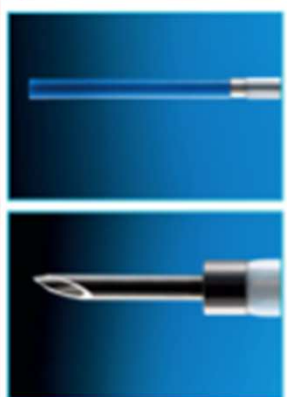


- Approbation d'Extension d'Indication pour BOTOX® 50U, 100U et 200U Allergan -

 **Traitement de l'Hyperactivité Détrusorienne Neurologique conduisant à une incontinence urinaire non contrôlée par un traitement anticholinergique chez:**

- les patients blessés médullaires
- les patients atteints de sclérose en plaques et utilisant l'autosondage comme mode mictionnel.

 ... **"ce traitement médicamenteux par injection dans le détrusor doit être inclus dans une prise en charge globale multidisciplinaire associant médecin urologue et médecin de médecine physique et de réadaptation ayant reçu une formation spécifique d'utilisation de la toxine botulinique dans cette indication sous la supervision d'un urologue".**



 BOTOX® est fourni en flacons unitaires de 100 et 200 Unités

- Avant reconstitution, le flacon de BOTOX® apparaît vide (forme séchée sous-vide)

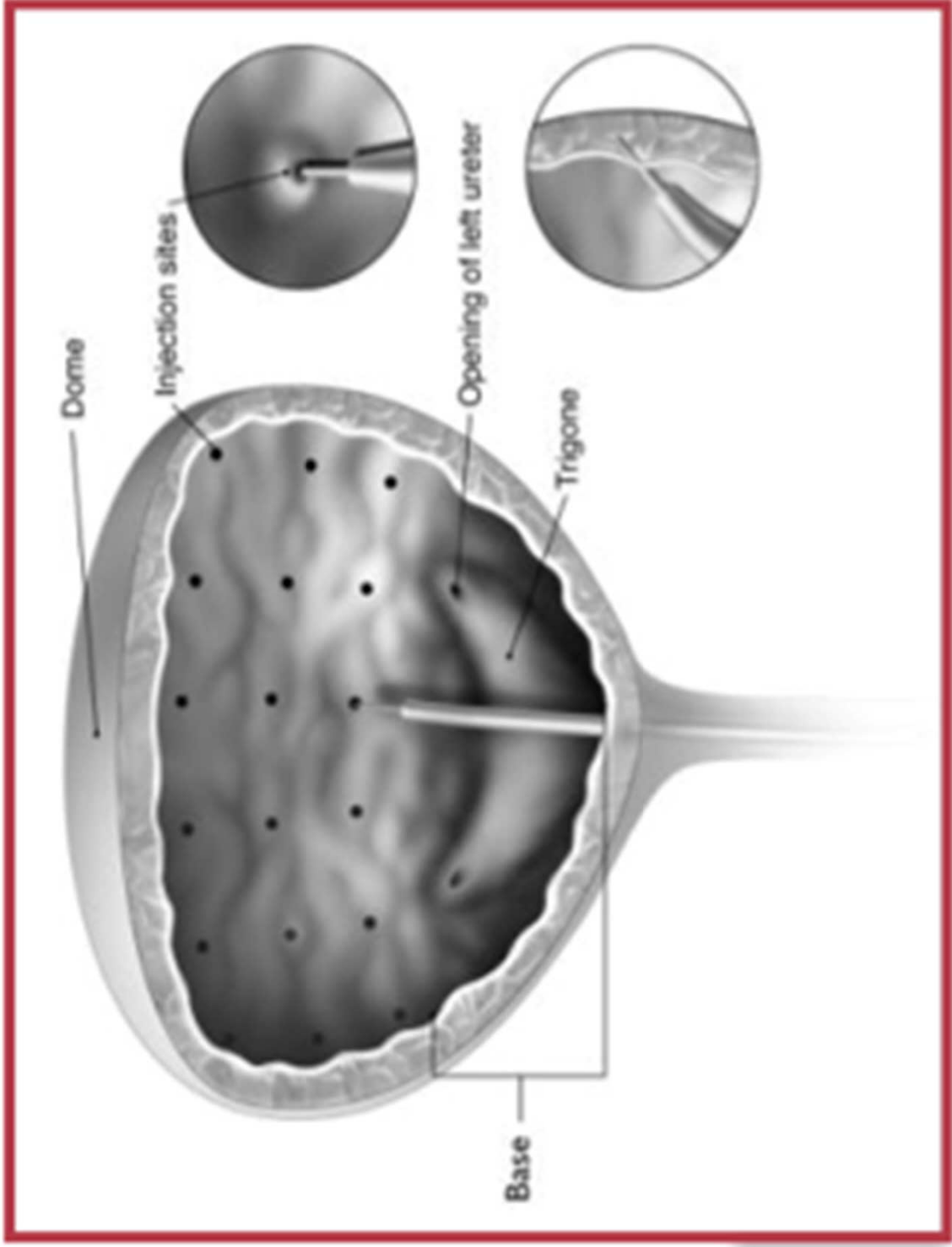
 **Le flacon de BOTOX® 100 Unités contient ~5 ng de protéine**

 **Le flacon de BOTOX® est scellé sous vide garantissant sa stérilité**

 **Avant reconstitution, BOTOX® doit être stocké:**

- Réfrigéré, entre 2°C (36°F) et 8°C (46°F)





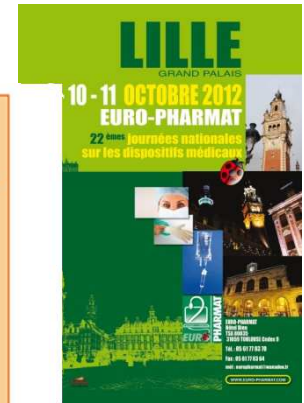
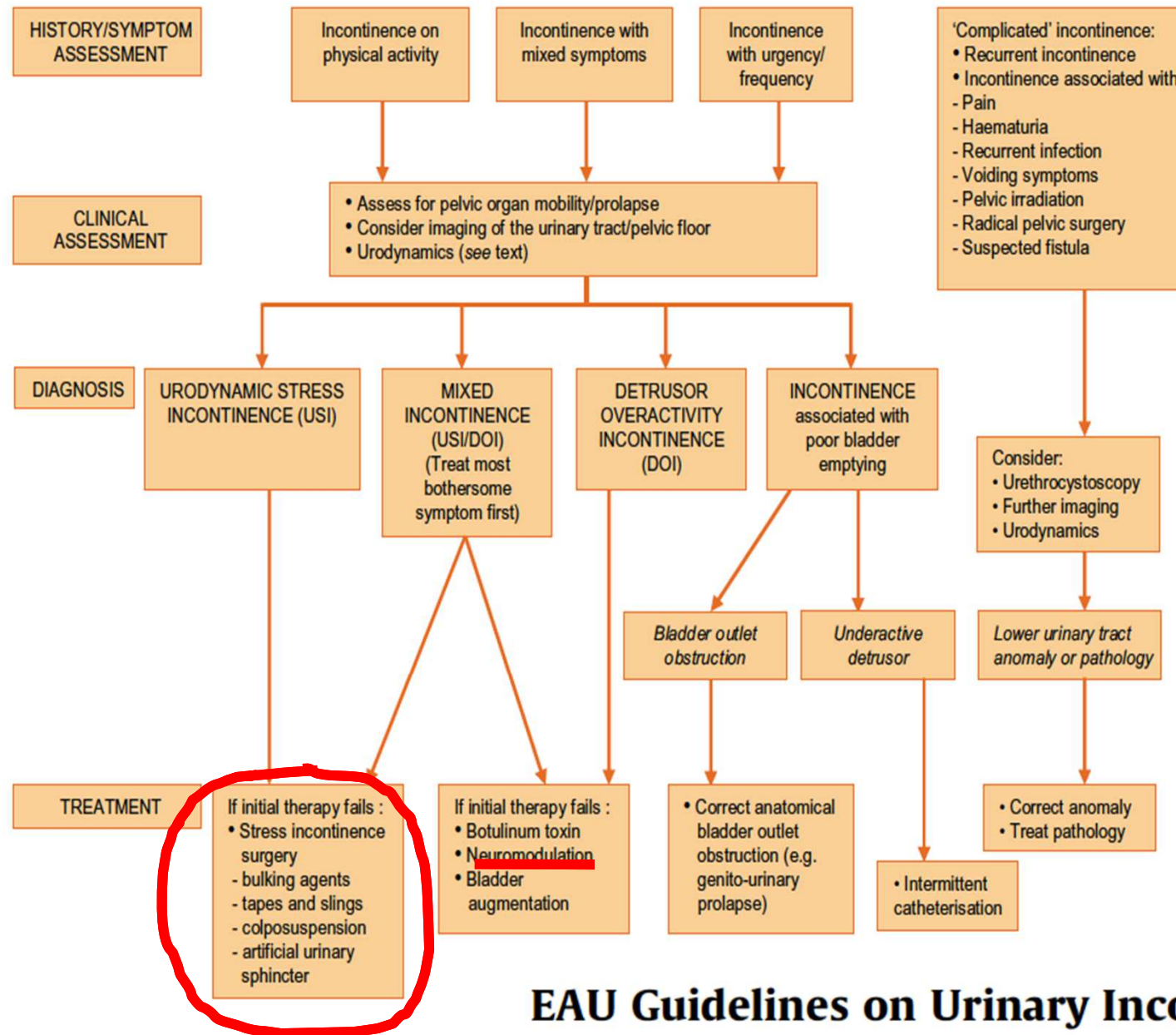


■ Efficacité

- Délai d' action : **24 à 72 h**
- Maximum d' efficacité : **S4 - S6**
- Durée d' action : **6 à 9 mois**
- Association avec les traitements anti-cholinergiques
PO si résultats partiels

■ Risque ++

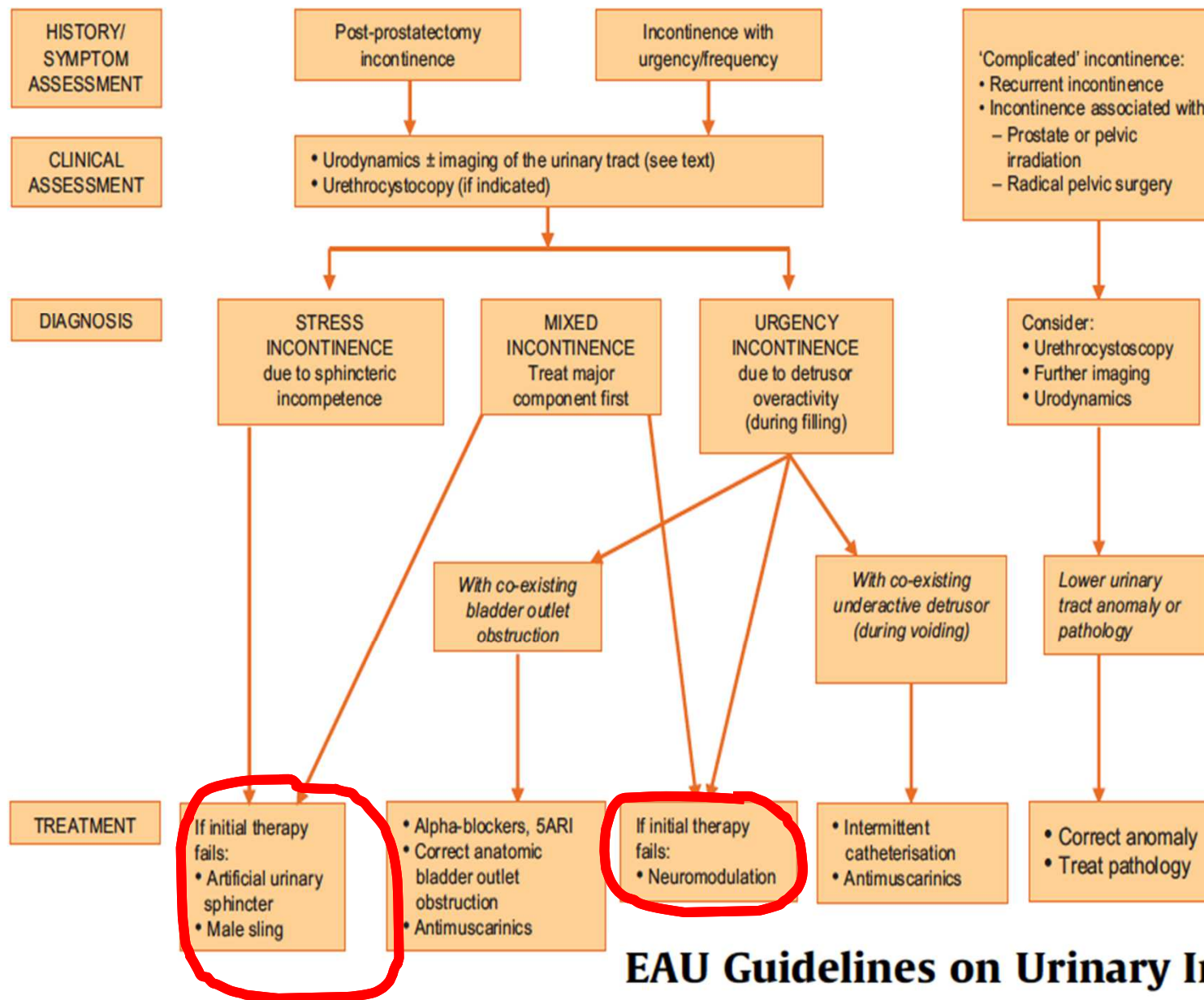
- Trouble de vidange (effet dose?)
- Apprentissage des ASPI



EAU Guidelines on Urinary Incontinence

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2011