

# *The importance of accurate and standardized incontinence assessment*

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Referring to the article published on pp. 10589-10594 in this issue

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RAPP DE, BEANO H. The importance of accurate and standardized incontinence assessment. *Can J Urol* 2021;28(2):10595.

The study rationale stems from an observation not uncommon to urologists that specialize in incontinence after prostate treatment. That is, a subset of men referred specifically for male sling counseling based on self-reported mild-moderate stress urinary incontinence (SUI) may actually be more appropriate candidates for artificial urinary sphincter (AUS) given severe incontinence identified during evaluation.

Accordingly, the differentiation between mild-moderate and severe SUI is critical to the selection of appropriate surgical procedure. This fact is underscored by the recent Incontinence after Prostate Treatment AUA/SUFU Guideline, highlighting that male slings should not be routinely performed in patients with severe SUI.<sup>1</sup> Despite this, the accurate differentiation between mild-moderate and severe SUI remains problematic.

Foremost, self-reported pad use is proven to be an unreliable measure of incontinence severity.<sup>2</sup> While 24-hour pad testing is more accurate, it is cumbersome and often times difficult to utilize outside of research settings. Shorter duration pad testing is easier to perform but is susceptible to significant reliability concerns based on potential variable conditions at the time of testing. Similar concerns exist in the present study as bladder volume at the time of SCT was not measured or standardized. Finally, irrespective of testing method, there is disagreement regarding the specific threshold to use when differentiating between mild-moderate and severe incontinence categories.

The authors found that 34% of patients were upgraded to severe incontinence and highlight the importance of this finding. However, the finding that

21% of patients were also downgraded from moderate to mild categories is also notable. Importantly, the present study lacks data to assess how many patients are downgraded from severe to mild-moderate categories using SCT. Assuming the accuracy of SCT, this data is important as it could identify a cohort of patients who actually may be appropriate candidates for male slings in the context of self-reported pad use initially suggesting otherwise.<sup>3</sup>

In turn, this is important as it is clear that the complexity of AUS use deters a subset of men seeking treatment for SUI. In our experience, it is not uncommon for men to select observation as opposed to AUS when counseled that male sling placement is not recommended. This patient preference for male slings when appropriate is underscored by research showing that when given the choice between both procedures, 92% and 8% of patients selected male sling versus AUS placement, respectively.<sup>4</sup> As such, although AUS remains the gold standard, it is important to appropriately identify candidates for male sling placement as this will likely increase the number of men benefited by anti-incontinence surgeries.

Combined, these considerations highlight the need for the urologic community to develop improved methods of quantifying incontinence degree and also standardize thresholds of SUI severity. □

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### References

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