



The British Association of Urological Surgeons

Insertion of an artificial urinary sphincter in men

Putting in a device to help control pee leaks in men

This leaflet gives you simple, easy-to-read details about your operation. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

Key points

- Some men leak pee when they move, laugh or sneeze
- Doctors use a male artificial urinary sphincter to help. We call it an AUS
- It is often done after an operation to remove the prostate
- The device has 3 parts
- A surgeon puts it in through 2 small cuts in between your legs
- The device stays turned off for about the first 6 weeks. This gives time for the wound to heal
- About 9 out of 10 men feel pleased with the result after the operation
- This operation should be done at a specialist centre. It should be done by an experienced surgeon
- A catheter is a soft tube put into your bladder. It helps drain your pee. Putting a catheter into your bladder can be risky if you have an AUS. It may cause permanent harm if it is not done correctly

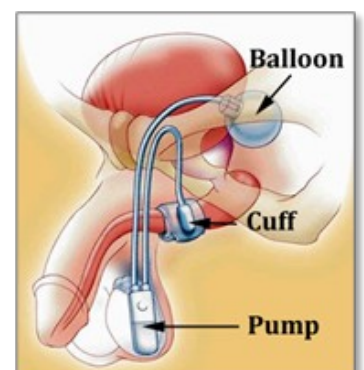
What is an AUS?

Some men leak urine when they move, cough or laugh. This is called stress incontinence. If you leak a lot and other treatments do not help, a doctor may suggest using an AUS.

The AUS helps control leaking. It is hidden inside the body, so no one can see it. It has 3 parts:

1. A cuff that wraps around the urine pipe. We call the urine pipe the urethra.
2. A small pump that sits in the scrotum. This is the pouch of skin behind the penis. It is where your testicles are.
3. A balloon that sits inside the body, near your bladder.

The cuff stops urine from leaking out. When you want to pee, you squeeze the pump. This opens the cuff so urine can flow. After about 5



minutes, the cuff closes again. This stops more pee from leaking.

Most men who have this device stay dry most of the time. Some men still leak a little when they move a lot. Many men still wear one pad a day, just in case.

The doctor usually places the cuff around the lower part of the urine pipe. This is called the urethra. Sometimes they need to place it higher, near the bladder.

What are your other options?

There are some other choices. You can talk to your doctor about which is the right one for you.

Non-surgical options. This is where no operation is needed.

- **Pelvic floor exercises.** These are special movements that help strengthen the muscles that control when you pee. A nurse or therapist can teach you how to do them. These exercises help about 7 out of every 10 men
- **Lifestyle changes.** Losing weight and stopping smoking may help
- **Pads or a soft plastic cover for the penis.** This is a good choice if the leaking does not bother you
- **Penile clamps.** These press gently on your penis to stop pee from leaking

Surgical options

There are other operations that may help. Each one has good points and bad points. Your doctor will help you choose what is best for you.

- **Male sling.** A soft strip of mesh is put inside your body. It will lift and support the urethra. The urethra is the pipe that carries pee out of your bladder. You do not need to press anything, and no one can see it
- **Urethral bulking.** A thick liquid is injected into the wall of the urethra. This is not advised by national health experts
- **Catheter.** A soft tube is placed into the bladder through the urethra. This drains your pee into a bag
- **Urostomy.** Your pee is sent from your kidneys through a small opening in the tummy. It comes out into a bag. The bag stays attached all the time. You will need to empty it. The nurses and doctors will teach you how to look after it
- **Other devices.** There are other types of devices. Doctors do not have much information about how well they work

What happens on the day of the operation?

- Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”
- You’ll meet the anaesthetist. They will talk to you about what type of anaesthetic you will have

- You may have a general anaesthetic. This is where the operation is done whilst you are asleep. Or you may have a spinal anaesthetic. This is when the doctor makes you numb from the waist down
- The anaesthetist will talk to you about pain relief
- The nurse may give you special stockings and an injection to stop blood clots. Some people might need to use these stockings at home, after the operation. Your medical team will tell you if you need to do that
- Antibiotics are often given before surgery to avoid infection
- The nurses will check to make sure you don't have any allergies

What happens during the operation?

A specialist doctor called a urologist usually performs this procedure.

- You will be asleep during the operation
- The doctor will make a cut between your scrotum and your back passage
- If the cuff needs to go near the bladder, the cut will be in the tummy. This is so the doctor can put the AUS inside you
- The doctor will place the cuff around your pee pipe. We call this the urethra
- A second small cut is made in your tummy. The balloon is put inside, near your bladder
- The doctor will move the pump down into the scrotum. Your scrotum is where your testicles sit
- The parts of the AUS will be joined together
- The doctor will then fill the tubes with clean, sterile fluid
- The cuts will be closed with stitches that melt away
- The doctor may put a soft tube into your bladder. We call this a catheter. It helps drain your pee
- The catheter may be taken out before you wake up. It may be taken out the next day.
- The device will be turned off at first. This is so your body can heal
- You will still leak pee during this time. You will need to use pads to soak up the leaks

What happens after the operation?

Your medical team will tell you how the operation went. You should:

- ask questions. You should know what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next

What happens before you go home?

- You will be shown how to avoid pressing the pump by mistake
- You will be told what to do if you cannot pass urine
- You will be shown how to move the pump gently down into the scrotum each day. You need to do this every day, so it stays in place
- You will be given a date to come back and have the pump turned on

- You will be told what to look out for when you get home
- You will be told who to contact if you have problems
- Any tablets you need will be given to you before you leave

What should you expect when you get home?

- You will get a copy of your hospital notes. Your GP will also get a copy
- You will be given a card with details about your device. If you visit other hospitals, show this to the doctor or nurse
- The pump will be turned on about 6 weeks later. You will need to come back to the hospital so the doctor can do this
- If a catheter is needed later, it must be put in very carefully. If done the wrong way, it can cause damage. Only a doctor who knows about this device should do it
- The pump in your scrotum can be used to turn off the device. But unless the doctor knows how to do this, a urologist must be called
- You must tell the doctor you have an AUS if you ever have surgery:
 - in your tummy
 - in your groin
 - near the scrotum

If they do not know, they may damage it by mistake

Possible after-effects of the operation

Most people recover well, but there are some things that can happen. Everyone is different. Talk to your doctor about the risks for you.

Common problems. These happen to more than 1 out of every 10 people:

- Swelling and bruising. This could be:
 - around the wound
 - in the area between the scrotum and the back passage
 - in the scrotum
- Long-term aching or soreness. This could be:
 - in your lower tummy
 - in the area between the scrotum and the back passage
 - in the scrotum

Occasional problems. These happen to about 1 out of every 50 people:

- Wound infection that needs antibiotics
- Infection in your pee that needs attention
- The device may get infected
- The device may press through the nearby area. If this happens, it must be taken out
- The device may press into the ureter. If this happens, it must be taken out. This is more likely to happen if you had radiotherapy or X-ray treatment to the prostate. This happens to about 3 in every 10 people who have had radiotherapy
- The device may stop working within 10 years. If this happens, you will need another operation to fix or replace it
- The device may not stop the leaking as you hoped

- You may get a new problem. This is where you need to pee very suddenly and may leak
- The tube that carries urine may get thin or shrink. This may cause leaking. You may need more surgery

Rare problems. These only happen to about 1 out of every 250 people:

- Problems after the anaesthetic. This might be a stroke, chest infection or heart attack. This might need treatment in the Intensive Care Unit. Some of these problems may cause death.

Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

General information about your operation

Before your operation

- Tell your team if you have implants. These are things like:
 - a pacemaker
 - a joint replacement
- Tell your doctor if you take blood-thinning tablets.
- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant-CJD. This might be if you have had:
 - a corneal transplant
 - a neurosurgical dural transplant
 - human growth hormone treatment
- You can ask your doctor about their own results and experience with this operation.

Smoking and surgery

Smoking makes some bladder and pee problems worse. Smoking makes some surgery riskier. Stopping before your procedure helps. For help to stop smoking, call the NHS Smoke-Free Helpline: 0300 123 1044.

Driving after surgery

You must make sure that you are well enough before driving again. Talk to your doctor about this. If you cannot drive for more than 3 months, tell the DVLA. You should also check with your insurance company before driving again.

Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

Online access

You can see this leaflet on the internet.

Scan the special picture (QR code).

Feedback

We'd love to know what you think! You can share your thoughts by emailing us at admin@baus.org.uk



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Questions and notes

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