

# Artificial Urinary Sphincter (AUS)

Patient Information · What to expect before your AUS surgery

WARWIKI

An artificial urinary sphincter (AUS) is a small device, placed completely under your skin, that restores control of your bladder when you leak urine — most often after prostate surgery. You control it yourself with a pump hidden in the scrotum. This handout explains how it works, how to prepare, and what to expect.

## About This Procedure

Leaking urine with activity, coughing, or lifting is called **stress incontinence**, and it often follows prostate surgery. An AUS treats it with three connected parts, all hidden under your skin:

- A soft **cuff** around the urethra (the tube urine flows through) that gently squeezes it closed to keep you dry
- A **pump** in the scrotum that you press to urinate
- A small **balloon** in the lower belly that sets the pressure

**How you use it:** normally the cuff stays closed and keeps you dry. When you need to urinate, you squeeze and release the pump a few times — the cuff opens and you urinate. A few minutes later it refills and closes on its own.

## Is It Safe?

The AUS is the long-standing gold-standard treatment for this kind of leakage, and most men gain very good control. Like any implant it carries some risk — mainly infection, or wear on the device or urethra over time that can need a later repair. Your team lowers the infection risk with antibiotics, sterile technique, and by treating any urine infection first.

## LEARN THE TERMS

### Stress incontinence

Leaking urine with activity, coughing, or lifting.

### Urethra

The tube that carries urine out of the body.

### Cuff

The part of the device that gently squeezes the urethra closed to keep you dry.

### Pump

The part in the scrotum you press to open the cuff and urinate.

### Activation

Turning the device on at a visit about 6 weeks after surgery, once healed.

### Deactivation

Turning the device off (cuff held open) — needed before any catheter.

### General anesthesia

Medicine that keeps you asleep and pain-free during surgery.

### Cystoscopy

A camera check of the urethra and bladder, often done before surgery.

**WILL IT HURT?** The surgery is done under general or spinal anesthesia, so you feel nothing during it. Afterward, expect soreness, swelling, and bruising in the scrotum and the area between the scrotum and anus for a couple of weeks — a scrotal support, ice, and pain medicine help. The surgery takes about 1–2 hours, and many people go home the same day.

## How to Get Ready (Before Surgery)

- Done under **general or spinal anesthesia** — follow all surgery instructions (fasting, and which medicines to hold, including blood thinners).
- A **urine test** checks for infection — an infection must be treated first, so surgery may be rescheduled if you have one.
- **Do not smoke or vape**; shower with any **antiseptic soap** provided and take antibiotics as directed — this is an implant, so preventing infection is a priority.

### Tell your team ahead of time if you:

- Have had **radiation** to the pelvis, or prior urethral or incontinence surgery
- Have **diabetes**, or trouble using your hands (you operate the pump yourself)
- Have any infection, anywhere

## What Happens During Surgery

- 1 You are asleep or numb from the waist down under anesthesia, and antibiotics are given.
- 2 Through small incisions, the surgeon places the **cuff** around the urethra, the **balloon** in the lower belly, and the **pump** in the scrotum — all under the skin.
- 3 The device is filled and tested, then **left turned off** so everything can heal.

## After Surgery

- Expect scrotal and perineal **swelling and bruising** for 1–2 weeks. Wear a scrotal support, use ice, and avoid **heavy lifting, straining, cycling, and sex** for as long as your surgeon advises.
- **The device stays OFF for about 6 weeks.** You will keep leaking and should keep using pads — this is normal. **Do not press the pump** until your surgeon turns it on.
- At a visit about **6 weeks later, your surgeon turns the device on** and teaches you how to use the pump.
- **Always tell any provider you have an AUS** — it must be turned off before any catheter, or it can injure the urethra. Carry a medical-alert card.

### Call your care team or seek care if you have:

- A fever, chills, or growing redness, pain, or drainage at an incision
- You suddenly cannot urinate at all
- A scrotum that becomes very swollen, hard, or increasingly painful

## THREE THINGS TO REMEMBER

1. An AUS is a hidden device that restores bladder control — a cuff keeps you dry, and you squeeze a pump in the scrotum to urinate.
2. It stays **OFF for about 6 weeks** (you'll still leak — that's normal), then it's turned on and you're taught to use it.
3. Preventing infection matters most: treat any infection first, don't smoke, use the antiseptic wash and antibiotics. **Always tell any provider you have an AUS — it must be off before any catheter.**