

Peer Review File

Article information: <https://dx.doi.org/10.21037/tau-22-794>

Review Comments

Reviewer A

Excellent paper and very informative.

Reviewer B

Authors provide a well-written narrative review of AUS placement in neurogenic patients.

Comment 1: Was there any information identified as to how soon CIC was re-initiated?

Reply 1: While this is an important consideration, the timing of CIC re-initiation following sphincter placement was not consistently reported in the literature.

Changes in the text: We have added additional commentary to the text on page 3, lines 45-49.

Comment 2: Were there any reports or recommendations for SPT placement at the time of the initial AUS placement?

Reply 2: Placement of a SPT was not specifically mentioned in any of the papers.

Changes in the text: None

Comment 3: Revision for bladder neck AUS is challenging. Please include data on complication risks and rates (if available). Please also include any recommendations on performing a redo dissection of the bladder neck if available. For example, is there data to support robotic versus open approaches for revision cases?

Reply 3: This is an excellent point, and certainly a topic for future investigation. Details regarding complication risks in the literature are sparse, with the only study identified consisting of data from female AUS placement for stress urinary incontinence. (26) This study did not specifically compare outcomes between laparoscopic versus open approaches, nor did they describe their surgical approach for re-do dissections. However, explantation for bladder neck/urethral perforation/erosion occurred in nearly 50% of patients.

Changes in the text: This has been further outlined on pages 7-8, lines 141-148.