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PATIENT-DEPENDENT FACTORS INFLUENCING THE APPEARANCE OF URINARY INCONTINENCE AFTER RADICAL PROSTATECTOMY

Hypothesis / aims of study

One of the most feared after-effects of radical prostatectomy (RP) is the urinary incontinence (UI). We analyze the relationship between Patient-dependent factors and the development of UI in a sample of a multicentre study.

Study design, materials and methods

Retrospective multicentre study of 610 patients who underwent RP between March 2009 and December 2013 in 9 hospitals (two of category 4 and seven of category 3).

Study groups:

- Group A (GA: n=390): continent patients after RP

- Group B (GB: n= 220): any grade of UI after RP.

Age, anaesthetic risk, body mass index (BMI), secondary diagnoses, drugs, medical background, toxic habits, type of surgical approach (laparoscopic (Lap), open retropubic (Op) or robotic (Rob) were analyzed.

Descriptive statistics, ANOVA, Student's t-test, Fischer's exact test, $p < 0.05$ was considered significant.

Results

Average age 65.22 years (range 44-78). 287 Lap (47.04%), 260 Op (42.62%), 63 Rob (10.32%).

Table 1. Variables' comparison between patients with and without IU.

	No IU postRP (n)	No IU postRP (%)	IU postRP (n)	IU postRP (%)	Significance p	
Age		62.31		64.26	p=0.1325	
BMI		28.67		27.93	P=0.4167	
ASA score	ASA I	50	12.81	36	16.36	0.2284
	ASA II	285	73.07	159	72.27	0.8500
	ASA III	55	14.10	25	11.36	0.3827
LUTS preRP	118	30.25%	67	30.45	0.1000	
Cardiovascular disease	148	37.94	103	46.81	0.0396	
DM	50	12.82	25	12.5	0.7003	
Dyslipidemia	89	22.82	57	25.90	0.4294	
Smoking habit	26	6.66	47	21.36	0.0001	
Alcoholism	25	6.41	18	8.18	0.4146	
Erectile Dysfunction pre-RP.	29	7.43	11	5	0.3072	
Healthy	101	25.89	18	8.18	0.0001	
Lap	177	61.67	110	38.33	Lap and Op p=0.4844 Op and Rob p=0.0001 Lap and Rob p=0.0001	
Op	152	58.46	108	41.54		
Rob	61	96.82	2	3.17		

preRP: before radical prostatectomy; postRP: after radical prostatectomy; LUTS: lower urinary tract symptoms; DM: diabetes mellitus.

No differences were found regarding age, BMI, preRP LUTS. Post-surgical continence was more frequent in patients without secondary diagnoses nor drugs. Smoking habit's prevalence was higher at the UI group.

Interpretation of results

When we diagnose a localised prostate carcinoma, we should inform the patients which are the most frequent adverse-events of the treatments we are offering them. Identifying possible continence's predicting factors is useful in our daily practice.

Healthy patients without any neurological or cardiovascular disease have better muscle function and they can recover on a shorter time than patients with DM, dyslipidemia or other chronic diseases.

Concluding message

Post-prostatectomy's continence is more frequent in patients with a better health status.

Disclosures

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