

ASSOCIATION OF POSTOPERATIVE CONTINENCE WITH PROSTATE SIZE IN PATIENTS UNDERGOING RADICAL RETROPUBIC PROSTATECTOMY (RRP)

Hypothesis / aims of study

Incontinence and sexual function are major concerns of patients undergoing radical retropubic prostatectomy. Better understanding of anatomy and advances in surgical technique reduced the incidence of post prostatectomy incontinence in less than 5%. Our objective was to investigate the impact of large prostates (>80ml) on postoperative incontinence in a follow – up period of 4, 12 and 18 months postoperatively comparing the outcome with the data of patients with smaller prostates.

Study design, materials and methods

From a database of 130 patients treated with RRP during the last 4 years, retrospective information was obtained on prostate size with TRUS during biopsy. Postoperative continence was obtained with IPSS and potency with a self-reported validated questionnaire. Patients were classified in two groups according to prostate size: Group A: <80ml, 85pts, Group B: ≥80ml, 71 pts.

Results

Group B patients had significant lower continence rates (Table 1). No significant differences in demographics, operative time, blood loss, length of catheterisation, complication incidence, potency rates and biochemical recurrence were observed between the two groups. Significant higher PSA values and increased rate of positive surgical margins was found in larger prostates ($p<0.005$).

Table 1

	Continence rate (%)		
	4 months	12 months	18 months
Group A	71.7	90.6	92.5
Group B	64.1	89.8	89.7

Interpretation of results

Men with larger volume prostates have lower levels of continence up to 18 months after radical prostatectomy [1]. A potential reason could be subclinical bladder dysfunction related to benign prostatic hyperplasia that manifests after surgery.

Concluding message

A prostate > 80 ml increases the risk for postoperative incontinence. For a limited median follow – up of 18 months patients with larger prostates did not present significant differences in oncological or clinical parameters. Increased incidence of positive surgical margins is associated with larger tumours and advanced pathological stage.

References

1. J Urol. 2007, 177(4):1423-5.

Specify source of funding or grant	None
Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	The study is not experimental, it is an observation and data analysis of the continence after radical prostatectomy due to prostate cancer
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes