

733

Angelsen A¹, Nilssen S¹, Overgård M¹, Lydersen S², Mørkved S³

1. St. Olavs Hospital, Trondheim University Hospital, 2. Norwegian University of Science and Technology, 3. St. Olavs Hospital, Trondheim University Hospital and Norwegian University of Science and Technology

DOES PHYSIOTHERAPIST-GUIDED PELVIC FLOOR MUSCLE TRAINING INCREASE THE QUALITY OF LIFE IN PATIENTS AFTER RADICAL PROSTATECTOMY? A RANDOMIZED CLINICAL STUDY

Hypothesis / aims of study

To study the effect of postoperative physiotherapist-guided pelvic floor muscle training (PFMT) on HRQOL parameters in patients treated with radical prostatectomy (RP).

Study design, materials and methods

A prospective randomized controlled trial was conducted at St. Olavs Hospital, Trondheim University Hospital. A total of 85 men were randomized into two intervention groups (A and B). Group A (n=42) were offered physiotherapist guided PFMT (groups or by DVD) once weekly throughout the first 12 months after RP, while patients in group B (n=43) trained by their own. HRQOL data was assessed by using UCLA-PCI and SF-12. The physical component summary (PCS) and mental component summary (MCS) scores of the SF-12 plus the urinary, sexual and bowel function and both of the UCLA-PCI make up the eight quality of life outcomes used in this study. Data were obtained preoperatively (baseline), 6 weeks and 3, 6 and 12 months postoperatively.

Results

Eighty patients completed at least one follow-up assessment, 38 in group A and 42 in group B, giving a dropout rate of 5.9 %. The overall response rates were 96 % at baseline, 83 % at 6 weeks, 90 % at 3 months, 88 % at 6 months and 68 % at 12 months. We found no statistically significant difference in HRQOL between group A and group B.

Interpretation of results

Our study showed no statistically significant difference between the intervention groups in both disease-specific (UCLA-PCI) and general (SF-12) HRQOL parameters.

Concluding message

Even though physiotherapist-guided training of the pelvic floor muscles after RP has been shown to **reduce** the incidence of postoperative urinary incontinence **significantly** compared to those patients receiving standard care, this was not reflected in better outcome in HRQOL parameters

Disclosures

Funding: The Norwegian Fund for Postgraduate Training in Physiotherapy and The Norwegian Cancer Society **Clinical Trial:** Yes **Public Registry:** Yes **Registration Number:** ClinicalTrials.gov Protocol Registration System Account NCT00239824. **RCT:** Yes **Subjects:** HUMAN **Ethics Committee:** The Regional committee for Medical and Health Research Ethics in Central Norway **Helsinki:** Yes **Informed Consent:** Yes