

Category No. 3

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319

**Abstract Reproduction Form B-1**

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Title (type in  
CAPITAL  
LETTERS)**POST-PROSTATECTOMY INCONTINENCE AND PELVIC FLOOR  
DYSFUNCTION - A PROSPECTIVE STUDY**

**Aim of the Study:** Incontinence after radical prostatectomy is addressed to sphincter damage and/ or bladder dysfunction. Taken into account a high cure rate of incontinence by pelvic floor biofeedback treatment, the search for further mechanism of a complex physiological concept seems feasible.

**Methods:** To characterize pelvic floor function twenty-three patients were prospectively evaluated before and after radical prostatectomy by clinical neuro-urological tests, urodynamics and needle/ surface electromyography (EMG).

**Results:** In eighteen patients investigations were completed successfully. The outcomes of neuroulogical investigations (sacral reflexes, pelvic floor contraction and relaxation) and needle electromyography showed no significant changes in the pre/ post-op comparison. Only by using surface EMG polygraphy, changed activation patterns during pelvic floor contraction (decreased mean and medium frequency) could be found.

**Conclusion:** In patients without preexisting bladder dysfunction and with a basically normal operative and postoperative course, finemotoric changes of pelvic floor function were the main finding.

This can't be explained by a pure anatomical approach. Neurophysiological events, like a barrage of nociceptive information, caused by surgical dissection and an inflammatory reaction due to the healing process, contribute to altered processing within the CNS. These mechanisms, well studied in neuroscience and pain research, offer a better understanding of surgery related short and long term morbidity, i.e., urinary incontinence.

(supported by: Dr.-Robert-Pfleger-Foundation)