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Title (type in
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LETTERS)**TIMING OF BIOFEEDBACK AND PELVIC FLOOR MUSCLE
EXERCISE TRAINING FOR MEN UNDERGOING RADICAL
PROSTATECTOMY**

Aims of Study: Urinary incontinence after radical prostatectomy is a common but distressing occurrence. Pelvic floor muscle exercises are often advocated after catheter removal to improve urinary continence. This study was designed to determine if provision of formal biofeedback training prior to radical prostatectomy resulted in better continence outcomes than postoperative training alone.

Methods: Sixteen men who underwent radical prostatectomy for treatment of clinically localized prostate cancer were voluntarily enrolled. All patients viewed a videotape describing the project, and each signed informed consent. Patients were randomized to one of two groups. Group 1 patients underwent preoperative biofeedback training sessions several weeks and again one day prior to surgery. Additional biofeedback sessions were conducted at 6 weeks after catheter removal, and at 3, 6, 9 and 12 months postoperatively. Patients in Group 2 completed only the postoperative portion of the training program. Continence data were obtained prior to enrollment, at the 6 week postoperative session, and at the completion of the study. Continence parameters examined included the American Urological Association (AUA) Symptom Score, a general quality of life assessment tool, two disease-specific scales designed to assess stress and urge incontinence, a standardized pad test, and voiding diary data including frequency, nocturia, and incontinent episodes. Pre- and post-treatment results were analyzed using a t-test for paired data. Results were considered statistically significant at a 95% confidence level ($p < 0.05$).

Results: Mean patient age was 61.9 and 61.1 years in Groups 1 and 2 respectively. Patients in both groups experienced significant improvements in all measured continence parameters at one year after radical prostatectomy ($p < 0.05$). However, the overall degree of improvement was greater for patients who underwent biofeedback training both pre- and postoperatively compared to those who only received postoperative training.

Conclusions: In our experience, initiation of formal biofeedback training and pelvic floor muscle exercises prior to radical prostatectomy improved continence outcomes to a greater degree than postoperative training alone.