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Title (type in CAPITAL LETTERS)	URINE LOSS, PELVIC MUSCLE FUNCTION, AND QUALITY OF LIFE FOLLOWING BIOFEEDBACK-ASSISTED PELVIC MUSCLE EXERCISE TRAINING POST-PROSTATECTOMY

Radical prostatectomy for prostate cancer renders most men incontinent of urine for some period of time following surgery. This is a distressing event that occurs within the context of a cancer diagnosis and major surgery, with the potential to affect quality of life of both the man and his spouse. Researchers are just beginning to examine the pattern and impact of post-prostatectomy incontinence (PPI) and effectiveness of behavioral interventions to reduce or eliminate leakage.

Aims of Study: The purpose of this pilot study was to describe urine loss, pelvic muscle function, and quality of life before and after biofeedback-assisted pelvic muscle exercise (PME) training in subjects with early PPI. This study is part of a randomized controlled clinical trial that examines effects of a standardized nursing intervention protocol on quality of life of patients and spouses following radical prostatectomy.

Methods: Subjects for the pilot study ($n = 20$) were predominantly Caucasian, married, with at least a high school education, and ranged in age from 50 to 70 years. All subjects were newly diagnosed with prostate cancer and elected radical prostatectomy as primary treatment. Following discharge from the hospital, each subject received a series of eight weekly home visits and follow-up phone calls from an advanced practice nurse to enhance recovery from surgery, improve continence, and promote psychosexual functioning. During four of these eight visits, biofeedback-assisted PME training was provided under the direction of an advanced practice continence nurse. Before and after the series of continence training visits, subjects completed a bladder diary, 24-hour pad test, Urogenital Distress Inventory, Incontinence Impact Questionnaire, and measurement of pelvic muscle strength and endurance via anal sphincter muscle electromyogram using surface sensors.

Results: After four weeks of continence training, a decline in the frequency and severity of urine loss and increases in pelvic muscle strength and endurance were observed in the majority of subjects. Improvement was also noted in the degree to which PPI interfered with quality of life.

Conclusions: Based on this pilot study, we conclude: 1) biofeedback-assisted PME training is feasible and acceptable to patients with early PPI, and 2) reduction in frequency and severity of urine loss, improvement in pelvic muscle function, and improvement in quality of life can occur within eight weeks of radical prostatectomy. Recruitment of an additional 40 subjects and a control group are in progress to determine if these findings are replicable and whether they suggest efficacy of treatment or natural healing.

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