

DOES SURGICAL INTERVENTION FOR POST- PROSTATECTOMY URINARY INCONTINENCE IMPROVE ERECTILE FUNCTION?

Hypothesis / aims of study: As advances in prostate cancer treatment have impacted survival, the focus on improving quality of life related outcomes and patient satisfaction is evolving. Rates of post-prostatectomy urinary incontinence (PPI) and erectile dysfunction (ED) in the literature vary widely. Data regarding the relationship between these critical quality of life parameters is sparse and substantial controversy persists concerning the anatomic factors responsible for both complications. Herein we sought to determine the incidence of ED in men with moderate to severe PPI requiring surgical intervention.

Study design, materials and methods: Retrospective chart review was performed for patients who had undergone artificial urinary sphincter (AUS) implant or bulbar male sling from 1/2004 to 7/2009. Data collected included American Urologic Association Symptom Index (AUASI), Sexual Health Inventory for Men (SHIM), demographics, pre-prostatectomy erectile function, nerve sparing or non-nerve sparing status at prostatectomy, and complications.

Results: Eighty radical prostatectomy patients met inclusion criteria. Mean age was 65 (50-75). Twenty-nine patients underwent male sling and fifty-one patients AUS with an average follow-up of 9.5 and 7.5 months respectively. The patient's were divided into subgroups including pre-prostatectomy erectile function, nerve sparing status, and placement of an inflatable penile prosthesis (IPP) and compared pre and post operative SHIM scores. Results are in Table 1. Although SHIM score overall showed a significant improvement from 3.9 to 7.0 ($p = 0.002$) this was largely the result of 13 patients who had IPP placed, validated by analysis of the remaining 67 patients who had no change in SHIM (4.2 to 4.5, $p = 0.661$). Also all average SHIM score (except for patients who had IPP) were well below the definition of severe ED (SHIM < 11).

Interpretation of demonstrates the incontinence and ED prostatectomy patients requiring for their incontinence severe erectile treatment of PPI did impact erectile subgroup, including underwent nerve The only intervention improved erectile population of men treatment for PPI was prosthesis.

Concluding message: ED is unlikely to surgery, therefore it is men to undergo dual adequate evaluation of desire.

Pre and Post PPI surgery SHIM scores	Pre op SHIM	Post op SHIM	p-value
All (n= 80)	3.9	7.0	0.002
AUS (n= 51)	3.5	7.1	0.009
Sling (n= 29)	4.6	6.8	0.129
Nerve Sparing (n= 39)	4.7	7.7	0.035
Non Nerve Sparing (n= 13)	2.7	3.6	0.646
Pre-existing ED (n= 32)	2.8	6.1	0.024
No pre-existing ED (n= 15)	8.5	10.8	0.402
IPP (n= 13)	2.6	20.2	<0.001
No IPP (n= 67)	4.2	4.5	0.661

results: This analysis comorbid nature of in the post-population. All surgical intervention had concomitant function. Curiously, not substantially function in any patients who sparing procedures. that significantly function in this requiring surgical placement of a penile

Post prostatectomy improve after PPI reasonable to counsel implantation after

Specify source of funding or grant	None
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	IRB
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes