

25639 - Continence rates following robotic assisted radical prostatectomy.

Should we be prioritising social continence?



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Aims of study

To evaluate and compare the local rates of total continence and social continence following robotic assisted radical prostatectomy from 2013 to 2015 versus 2019.

Study design, materials and methods

247 patients across both time periods were identified and using a retrospective analysis from post operative clinic follow up we were able to ascertain which patients have recovered their continence post operatively.

The rates of complete continence were compared and then added to the rates of social continence at 12 months to then present the results. Patients with complete continence did not require any preventative methods whilst patients with social incontinence required at least one pad for safety on a day-to-day basis.

Patients with incomplete data and lost to follow up were excluded.

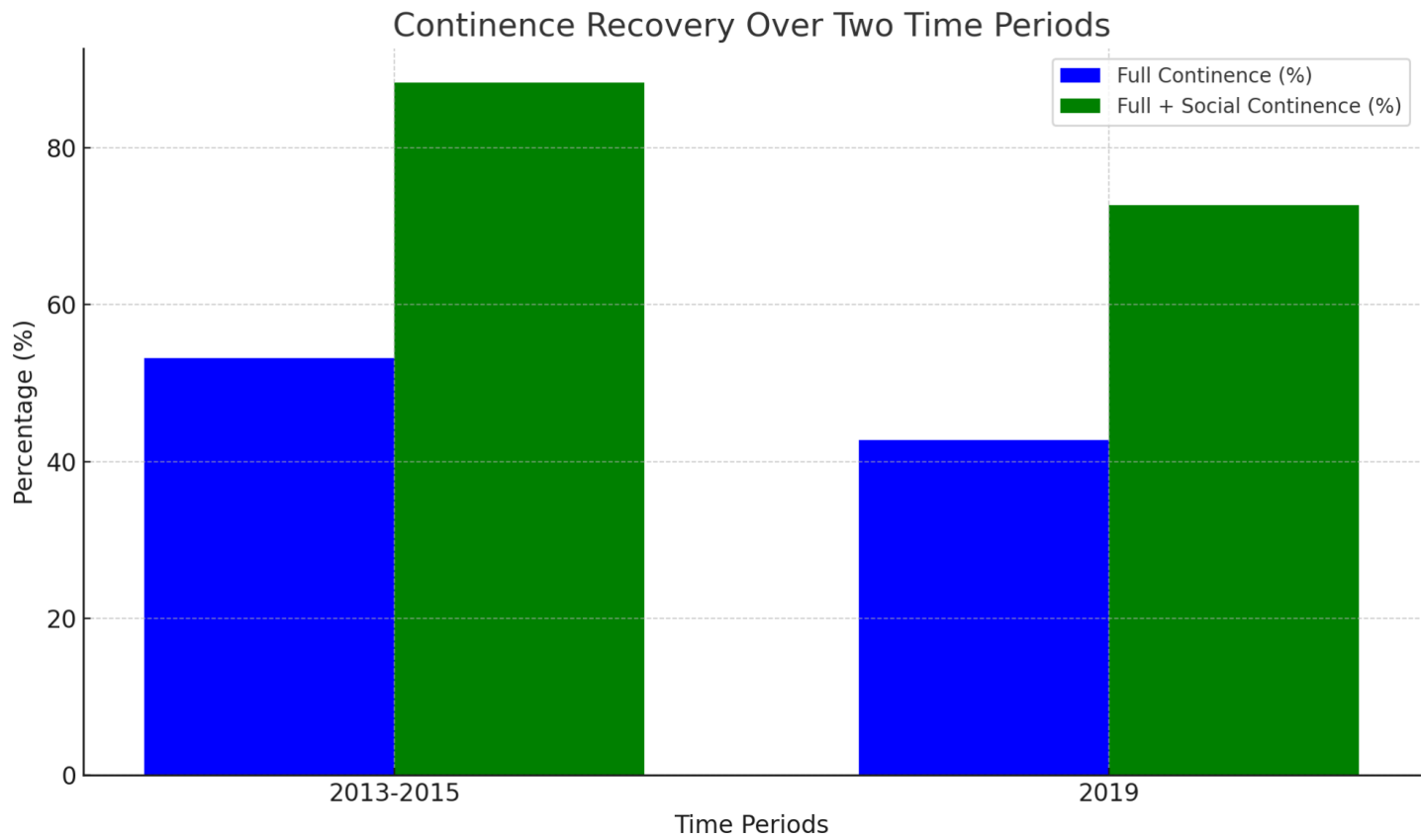
	Social Incontinence	Total Incontinence
Definition	Inability to hold urine long enough to reach the toilet in socially acceptable situations.	Complete loss of bladder control, resulting in involuntary leakage of urine.
Severity	May involve small amounts of leakage or a feeling of urgency to urinate.	Involves significant leakage of urine, often requiring the use of incontinence products.
Impact on Quality of Life	Can significantly affect daily activities, social interactions, and self-esteem.	Can have a profound impact on quality of life, leading to social isolation, anxiety, and depression.

Results

During the first time period (2013 to 2015) there were 59 patients out of 111 patients (53.15%) who recovered full continence by the 12 months review. This was then added to the patients who recovered social continence, making it 98 patients out of 111 patients (88.29%).

For the second time (2019) period we noted a worsening in the outcomes. There were 47 patients out of 110 patients (42.73%) who recovered full continence at the 1 year mark. Again, these were added to the patients who recovered social continence, making it 80 out of 110 patients (72.73%).

Results



Interpretation

The literature is poor at defining post operative continence as this is quite subjective. Certain methods such as scores or objective measures like the number of pads may assist, however what is acceptable for one patient may be unacceptable to another. What this project tries to delineate is the rate of social continence i.e. a continence level that is acceptable to each individual.

Despite the decrease by 15.56% in social continence in the 2019 bracket, the results are consistent with the literature. The rate of urinary continence recovery at 12 months can range from 69% to 96% (Sessa et al) and thus this project does achieve this.

This decrease in the outcome results may be explained by different experienced surgeons and assistants intra-operatively, as well as due to increased, more formulaic documentation and the introduction of specialist nurse led clinics.

Conclusions

It is reassuring that locally we are achieving reasonable rates of continence. We should, however, be mindful of patient individual perceptions regarding continence. Whilst it may be important to evaluate total continence, most patients will find social continence to be more relevant to carrying out their activities of daily living. These should, therefore, be a landmark to our post operative success evaluation and perhaps focus less on total continence.

Since these results have been presented locally, a new, innovative operative technique for the bladder anastomosis has been developed and we will present the results in due course.

References

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