

# ABSTRACT #376. IMPACT OF URINARY INCONTINENCE AND ERECTILE DYSFUNCTION ON QUALITY OF LIFE FOLLOWING ROBOTIC PROSTATECTOMY: A 6-MONTH COHORT ANALYSIS

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### **HYPOTHESIS / AIMS OF STUDY**

The gold standard treatment for localized prostate cancer (CaP) is radical prostatectomy. Despite its high cure rate, it can lead to complications in urinary and sexual function, significantly impacting quality of life. This study aimed to evaluate the impact of robot-assisted radical prostatectomy (RARP) on patients quality of life by characterizing their functioning before and after surgery.

## **STUDY DESIGN, MATERIALS AND METHODS**

A prospective cohort study was conducted at the PMR Department at Hospital Clínic de Barcelona.

Patients with localized or locally advanced prostate cancer who underwent robot-assisted radical prostatectomy (RARP) between June 2022 and September 2023 were included. Exclusion criteria were disseminated disease, a history of pelvic surgery or radiotherapy, or lack of informed consent. Preoperative and Postoperative Assessments were performed at 30 Days, 3 Months, and 6 Months.

Data collection included:

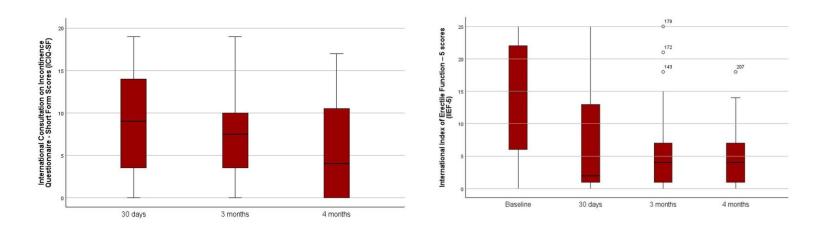
- Age, Body Mass Index (BMI), Duke Activity Status Index (DASI), 6-Minute Walk Test (6MWT) and handgrip strength.
- Surgical data: International Society of Urological Pathology (ISUP) grade and lymphadenectomy
- Evaluation of pelvic floor muscle function: Oxford scale, sensory assessment, and proprioceptive evaluation (digital exam)
- Validated questionnaires:
  - Mental health: Hospital Anxiety and Depression Scale (HADS)
  - Continence: International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF)
  - Erectile Dysfunction (ED): International Index of Erectile Function 5 (IIEF-5) and Erection Hardness Score (EHS).

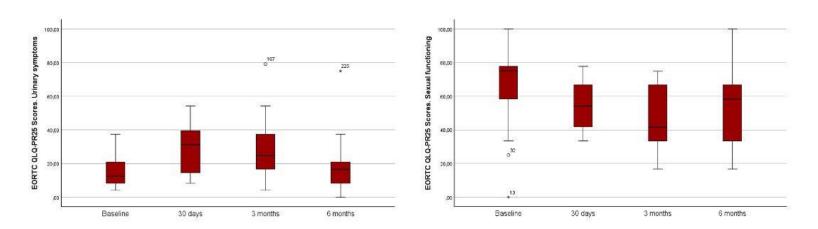
A descriptive analysis was conducted to characterize the variables. The collected data were entered into a RedCAP database and analyzed using IBM SPSS v24.0 software.

#### RESULTS

A total of 68 patients with localized or locally advanced CaP were included. A preoperative assessment revealed adequate cardiorespiratory function

	Median (DE)	%
Clinical data		
Age (year)	64.39 (5.16)	
Body mass index (kg/m <sup>2</sup> )	27.90 (3.31)	
Functional assessment (pre-Op)		
Duke Activity Status Index (pts)	45.69 (11.77)	
Handgrip (kg)	41.22 (7.56)	
6MWT (m)	580.61 (75.12)	
Surgical data		
Prostate volume (cc)	53.25 (18.46)	
ISUP (Grade 2 and 3)		84
Lymphadenectomy		22





	+30d		+6m	
	Median (DE)	%	Median (DE)	%
Oxford	3 (0.77)		3.11 (0.50)	
Oxford 2		22.86		7.69
Oxford 3		60.00		73.85
Oxford 4-5		17.14		18.46
Propioception (normal)		9%		54%
Pads (free)		9%		45%

The prevalence of Stress Urinary Incontinence (SUI) and Erectile Dysfunction (ED) are common side effects after RARP.

SUI improved significantly 6 months postoperatively, evidenced by lower ICIQ-SF scores and a higher percentage of pad-free patients. Pelvic floor recovery could have contributed to these positive outcomes.

ED worsened progressively during the first 6 months, stabilizing slightly toward the end.

The EORTC QLQ-PR25 scale revealed a negative impact on quality of life due to urinary and sexual symptoms during this time.

(b) Sexual functioning

#### CONCLUSIONS

Postoperative improvement in stress urinary incontinence is associated with pelvic floor recovery during the first 6 months. However, erectile dysfunction worsens during this period, having the greatest impact on quality of life for patients undergoing RARP. Pelvic floor rehabilitation programs could help to improve SUI in these patients. Long-term follow-up studies are necessary to evaluate the enduring nature of these effects.

#### REFERENCES

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