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URINARY INCONTINENCE AND FUNCTIONAL RESULTS AFTER OPEN PROSTATECTOMY WITH FREYER AND MILLIN TECHNIQUES.

Hypothesis / aims of study

To recognize the functional results on urinary continence and low urinary tract symptoms in a sample of 510 patients who underwent open prostatectomy with Freyer's and Millin's techniques.

Study design, materials and methods

510 patients underwent open prostatectomy between Mar2007-Mar2012. We differentiate two groups: Group A (n=408): Freyer's technique was performed; Group B (n=102): Millin's technique was performed. IPSS before and after surgery, continence, LUTS, PSA, prostatic weight and volume, pathologic result were studied; telephonic follow-up survey for each patient was performed. Descriptive statistical, Student's t-test and Fisher exact test were utilized. $p < 0.05$ was accepted as significant.

Results

Homogeneous age ($p=0.6693$), median 75.78 years (range 53-91). No differences in prostatic weight ($p=0.1939$), median 83.77grs (38-390); prostatic volume ($p=0.6343$), median 108.38cc (40-441); PSA ($p=0.1895$), median 7.19ng/ml (0.1-32); satisfactory results ($p=0.3771$); permanent UI after surgery ($p=0.4592$); temporary UI after surgery ($p=0.7463$); bladder neck sclerosis ($p=0.9897$), LUTS ($p=0.8598$); incidental ADC in 13.44%. With Freyer and Millin a high/very high satisfaction was found in 64.46% and 53.84%, after surgery's incontinence in 20.19% and 26.92%, LUTS in 5.76% and 4%, bladder neck sclerosis in 6.73% and 7.69%, time until continence's recovery 6.22 and 2.5 months respectively.

Interpretation of results

Population is getting older and the number of men susceptible to open prostatectomy is increasing. Modern, less invasive techniques are not able to go beyond the functional results nor the urinary continence or the flow improvement of the classic surgery for prostate enlargement.

Concluding message

Conventional open prostatectomy gives high rates of satisfactory functional results. No differences in temporary or permanent incontinence between the two main groups of classic surgical approaches were found in contradiction with the results published by other series.

Keywords

Postsurgical Incontinence. Benign Prostatic Hyperplasia. Freyer. Millin.

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