POST PROSTATECTOMY URETHRAL HYPERMOBILITY : MYTH OR REAL?

Hypothesis / aims of study
The real cause of post prostatectomy male incontinence is still to be proved. One of the most popular theories is about the existence of a so called post prostatectomy urethral hypermobility which would cause an inefficient compression of an otherwise still functioning striated sphincter. According with this theory a surgical correction of the hypermobility would lead to a correction of post prostatectomy male incontinence. The aim of this study is to prove the existence of this entity and assess the association with post prostatectomy incontinence.

Study design, materials and methods
From December 2008 to April 2011 205 patients underwent to TRUS control after radical prostatectomy. Once the water tightness of the anastomosis the catheter was removed and the patient was asked to strain (Valsalva Manouvre) in order to assess the correspondent movement of the urethra. Every patient has been than assessed at 1,3,6 months with voiding diary and number of pads. Incontinence has been defined as more than 1 safety pad/day.

Results
In 184 pts over 205 (90%) it has been possible to assess a caudal rotation of 15° of the mebranous urethra under abdominal strain. The Relative risks of the association between hypermobility and post operative stress urinary incontinence at 6 months was < 1 (0.02).

Interpretation of results
The post radical prostatectomy urethral hypermobility is real and present in 90% of patients included in this study. The presence of hypermobility though is not associated with an higher risk to develop stress urinary incontinence.

Concluding message
The post radical prostatectomy urethral hypermobility is real and present in 90% of patients included in this study. The presence of hypermobility though is not associated with an higher risk to develop stress urinary incontinence.

Disclosures
Funding: none Clinical Trial: No Subjects: NONE

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<th>Incontinence yes</th>
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<tr>
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<tr>
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