

A SPECIALIST/TERTIARY REFERRAL SERVICE FOR ASSESSMENT AND MANAGEMENT OF POST PROSTATECTOMY INCONTINENCE

Hypothesis / aims of study

The rise in radical prostatectomy treatments over recent decades in the UK has made post prostatectomy incontinence (PPI), occurring following 14-20% procedures, a significant health burden. Assessment and management can be inconsistent between centres. We report on nearly 8 years of a specialised regional service developed for PPI patients allowing local and tertiary referral.

Study design, materials and methods

A regional pathway was designed and instigated with indications for referral, nurse led initial assessment including validated questionnaire quantification of symptoms, directed pelvic floor muscle training, access to videourodynamics and review by a Urology Consultant with specialist interest in PPI. Patients non-responsive to conservative measures were considered for invasive therapy such as male sling or artificial urinary sphincter (AUS) at this institution. Demographics and management of all local/tertiary referrals between April 2004 and December 2011 were recorded prospectively.

Results

267 patients mean age 66.6 (49-83) years were referred with numbers increasing year on year. 65.1% were tertiary referrals. 27.7% were for mild symptoms, 35.2% moderate, 33.3% severe. 33.7% of referrals were made within 2 years of the primary procedure 57.4% within 3 years. 14.6% were managed conservatively with pelvic floor muscle training, 7.5% received additional pharmacotherapy 56.1% patients underwent invasive treatment 24.3% artificial sphincter, 22.8% male slings and several patients had multiple procedures but 66.3% of patients undergoing invasive procedures did so within 1 year of first review.

Interpretation of results

Trends apparent include a steady rise in referrals and an increased proportion as tertiary represent a growing awareness throughout the region of the service Increased proportion of referrals with mild or moderate severity PPI reflects increased awareness of the impact of PPI as well as the availability of procedures less invasive than the AUS. The need for invasive intervention increases with severity of symptoms with much greater use of AUS in severe symptoms Several patients progressed through multiple treatments and progression through PFMT, bio-feedback and pharmacotherapy but the vast majority of patients who did undergo invasive procedures did so within 2 years of initial review.

Concluding message

Patients with PPI should be identified and supported. Investigation and management can be standardised and intervention at a high volume centre achieved by early specialist referral

Disclosures

Funding: Nil **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Analysis of treatments used. No interventions/treatments instigated as part of trial. **Helsinki:** Yes **Informed Consent:** Yes