

## PREOPERATIVE SEVERE INCONTINENCE DOES NOT CORRELATE WITH LOW POSTOPERATIVE SATISFACTION RATE: A SINGLE CENTER EXPERIENCE FROM THE PATIENT'S PERSPECTIVE AFTER 365 OPERATIONS FOR MALE URINARY INCONTINENCE

### Hypothesis / aims of study

Male stress urinary incontinence (SUI) is a burden that has gained increasing public awareness in recent years and thus growing demand from patients seeking an optimal outcome for their illness. To our knowledge there hasn't been a publication in recent literature that reports on the long term follow up of different surgical procedures from the patient's perspective. Usually satisfaction rate is good at dismissal from the hospital and care is taken by the family urologist and thus feedback to the surgeon is only given when there is a recurrence of incontinence. Primary goal of this study was to evaluate the satisfaction and continence of patients after a long period of time even without urological follow up. Secondly we were interested if there is a difference in satisfaction and continence for different levels of incontinence, durations of follow up, types of incontinence surgeries, numbers of prior operations, preoperative age or sportiness.

### Study design, materials and methods

A retrospective chart review and telephone survey of all surgeries for male urinary incontinence between February 2000 and October 2008 was performed. 365 patients were operated for SUI and followed up in the outpatient clinic. As part of the telephone survey 270 out of 365 patients were available for a telephone follow up (response rate: 74%). 26% of patients had either died, declined participation, moved to a foreign country or could not be reached. 43% of our patients had one or more incontinence operations at which injection of bulking agents are not included. Satisfaction was rated by the participants using a numerous analogue scale (NAS: 1-5) with 1 being very satisfied and 5 not satisfied.

### Results

Pad use per day improved significantly after operation and was reported with  $1,61 \pm 2,92$  pads/day with a median of 1. ( $p=0,001$ ) The overall satisfaction rate was  $2,0 \pm 1,3$  (median: 2) on a NAS. 129 (48,1%) patients were "very satisfied" and 60 (22,4%) "satisfied". There was no significant difference in satisfaction rate between the patients with no prior ( $2,0 \pm 1,3$ ), one ( $2,0 \pm 1,2$ ) or more than one prior SUI operation ( $2,1 \pm 1,4$ ). Moreover, the satisfaction rate stays constant after surgery as our long term follow up analysis shows. Lower age ( $r_s=0,211$ ), few postoperative pads per day ( $r_s=0,58$ ), a high delta/large loss of pads per day ( $r_s=-0,35$ ) and sportiness correlate significantly with better satisfaction. There was a significant difference in satisfaction between the types of incontinence operations in favour of the artificial urinary sphincter AMS 800 (AUS) ( $p=0,04$ ). When separated into two different activity groups (highly vs. low active) there was a significant better satisfaction in the highly active group ( $1,84 \pm 1,2$  vs.  $2,52 \pm 1,4$ ) ( $p=0,001$ ). Moreover there was also less pad usage after operation in the highly active group ( $1,2 \pm 2,2$  vs.  $4,2 \pm 5,7$ ) ( $p=0,004$ ).

### Interpretation of results

Although these results show a heterogenous group of patients with different indications and different procedures, it can be stated that after previous operations a considerably good satisfaction rate is achievable. Patients should be informed that in the instance of a failed attempt repeat operations will lead to the result "totally incontinent" in only 5,7% of cases on a NAS. It seems that patients who regard themselves as highly active use less pads per day than people with a low activity self awareness. Apparently patients with severe preoperative incontinence have the best satisfaction rate after their surgery. A correlation for low postoperative pad count was found for young age at time of operation, few incontinence operations and few pads before operation. However the satisfaction rate was only influenced by low age, high reduction in pad usage, sportiness and few postoperative pads. Hence, the amount of preoperative incontinence operations correlates with low postoperative pads but not with the satisfaction rate. Furthermore people with severe incontinence tend to be the most satisfied because of their greater improvement concerning pad use.

### Concluding message

The conclusion of our paper can be drawn, that regarding SUI we should not hesitate to recommend surgical treatment even for patients with high pad count per day or a history of failed attempts. Good Satisfaction after surgery for SUI is mainly dependent on lower age, reduction of pads per day and sportiness. Therefore patients should be encouraged to have their condition corrected, particularly when they are young and active and regardless of failed attempts of correction. The overall satisfaction rate will be  $2,0 \pm 1,3$  (median: 2) on a NAS, and stays constant over years.

In our referral centre with the experience of performing close to 100 surgeries for SUI/year including slings, balloons and AUS, 90,1% of the patients would recommend the operations to other patients.

### Disclosures

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