

CATHETER -ASSOCIATED LUTS AFTER TRANSURETHRAL RESECTION OF THE BLADDER OR PROSTATE – THE EFFECT OF FESOTERODINE IN THE ACUTE PHASE

Hypothesis / aims of study

The treatment of lower urinary tract symptoms (LUTS) and overactive bladder syndrome (OAB) with fesoterodine or other anticholinergic drugs is an established treatment option. There is a lack of knowledge regarding the short term use for catheter-associated OAB/LUTS early after transurethral surgery (TUR).

Study design, materials and methods

In a prospective study we evaluated LUTS/OAB at the first day after transurethral resection of the bladder or the prostate (TUR-B/-P). Visual analog scale (VAS) from 0 to 10 points was used to quantify the catheter-associated LUTS. 67 patients, who suffered from catheter-associated LUTS, were treated with fesoterodine 4-8mg per day. Treatment was started with fesoterodine 4mg/d after the patient claimed the symptoms. In case of insufficient efficacy the dosage was titrated up to fesoterodine 8mg/d. End of treatment was after removal of the catheter. Safety control was performed by measuring post voided residual (PVR) in all patients after catheter removal.

Results

Distribution regarding the procedure was TUR-B n=41 patients (61%) vs. TUR-P n=26 patients (39%). The mean catheter-associated LUTS after surgery before treatment was 5.6 points on VAS. In 42 patients (63%) complete reduction of catheter-associated LUTS was achieved by treatment with fesoterodine 4mg/d. Only a slight to medium decrease of LUTS was reported by 14 patients (21%), in whom the increase of fesoterodine to 8mg/d was successful in 10 patients (15%). None of these patients needed additional analgetic treatment. Fesoterodine was not able to reduce catheter-associated LUTS sufficiently in 11 patients (16%). The mean duration of anticholinergic treatment was 3.1 days. No increase of PVR was documented in 97% of the patients.

Interpretation of results

Anticholinergic drugs are an established treatment option for treating LUTS. The temporary short term use of fesoterodine in the acute phase after TUR-B/-P in our study seems to be effective to reduce LUTS without an increased risk of urinary retention.

Concluding message

The temporary short term use of fesoterodine in the acute phase after TUR-B/-P is safe and effective to reduce catheter-associated LUTS.

Disclosures

Funding: none **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** approved medication for LUTS **Helsinki:** Yes **Informed Consent:** Yes