

TREATMENT'S ALGORITHM FOR PATIENTS WITH URINARY DISORDERS AFTER RADICAL PROSTATECTOMY

Hypothesis / aims of study

The quality of life of patients who underwent of open and laparoscopic radical prostatectomy (RP) is significantly affected by postoperative urination disorders. The frequency of postoperative urinary incontinence in patients after RP, according to the literature review, is about 6-40% and the frequency of stricture of the vesicoureteral anastomosis is about 1-32%. Thus, the prevention and treatment of urinary disorders after RP is a relevant and serious issue of modern urology.

Estimate the frequency of urinary disorders in patients after RP, which were performed in the urology clinic of Saint-Petersburg First Pavlov State Medical University and develop an optimal treatment algorithm for this category of patients.

Study design, materials and methods

We performed a study of the immediate and long-term results of RP in 165 patients who underwent operative treatment at the urology clinic during 2005-2014 years. For the prevention and for the treatment of urinary incontinence for all patients in the postoperative period were recommended to perform a set of exercises for training the pelvic floor muscles. Six months after the operation all patients, who complained of urination disorders, were questioned by a Pad-test and urodynamic examination. For those patients who had ineffectiveness of exercises we performed electrical stimulation of the pelvic muscles. If there was no effect of conservative therapy of urinary incontinence for those patients was performed male sling operation by our own approach. For patients with stricture of vesicoureteral anastomosis was performed internal optical urethrotomy.

Results

Six months after the operation 148 (89.7%) patients didn't have urinary incontinence while training the pelvic floor muscles, 19 (12.8%) of them used 1 safety lining. In 17 (10.3%) patients urinary incontinence persisted. One year after RP and after electrostimulation of the pelvic muscles urination was restored in 11 (6.6%) patients. Surgical correction of urinary incontinence was required in 6 (3.6%) patients. The stricture of the vesicoureteral anastomosis was revealed in 10 (6.1%) patients and they underwent internal optical urethrotomy.

Interpretation of results

According to our results, we can recommend the following algorithm for the treatment of urinary disorders after radical prostatectomy: immediate postoperative exercise for pelvic floor muscles at least during 6 months. If urinary incontinence is maintained after exercises for pelvic floor muscles, it is advisable to conduct a course of electrostimulation of the perineal muscles and continue the exercise. When there is a stricture of the vesicourethral anastomosis to perform an internal optical urethrotomy.

Concluding message

If detecting ineffectiveness of exercises for pelvic floor muscles and electrostimulation, the surgical treatment is indicated.

Disclosures

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