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Institution	Albany Medical College, Division of Urology
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	Double Spacing
Title (type in CAPITAL LETTERS)	QUALITY OF LIFE ASSESSMENT AND URODYNAMIC FINDINGS IN PATIENTS UNDERGOING PROSTATIC CRYOABLATION AFTER RADIATION FAILURE

Introduction and Objectives: Cryosurgical ablation of the prostate is a therapeutic option for patients with recurrent prostate cancer after radiation therapy. Little objective information is available about voiding function or quality of life measures in these patients. We have previously presented data showing moderate voiding dysfunction exists in these patients prior to cryoablation. We now report post-cryoablation voiding dysfunction and quality of life measures as described by patient questionnaires, the SF-36 Health Survey, voiding diaries, and pre- and postoperative urodynamic studies.

Methods: Twenty patients who underwent cryosurgical ablation of the prostate between June 1995 and July 1997 completed pre and postoperative voiding diaries, voiding questionnaires, SF-36 Health Surveys, and urodynamic studies including flow rates, cystometrograms, and pressure-flow studies.

Results: Overall, sixty-five percent of patients have significant stress urinary incontinence. Seven patients remained in retention and had significant obstruction that precluded additional urodynamic evaluation. Ninety percent of patients completed postoperative SF-36 Health Surveys to document the effect of cryoablation on voiding function and general health status. The results are summarized in the table below:

Study parameter	Pre-op value (Mean +/- SD)	Post-operative value (Mean +/- SD)
Post void residual Volume (cc)	53 cc +/- 41 cc Range 0-300 cc	90 cc +/- 110 cc Range 0-550 cc
Bladder compliance	Normal 80% Poor/intermediate 20%	60% 40%
Detrusor instability	70% of patients	90% of patients
Obstruction Schafer criteria	Grade I-II 75% Grade III-IV 15% Grade V-VI 10%	40% 35% 25%
SF-36 Health Survey		No significant decrease in quality of life or health status

Voiding questionnaires show significant postoperative increases in urinary frequency (5-7 times/day); increased nocturia (3 times/night); bothersome stress and urge incontinence; and significantly decreased sexual and erectile function.

Conclusions: Moderate voiding dysfunction pre-exists in patients undergoing prostatic cryoablation probably secondary to previous radiation therapy. However, post-cryoablation these patients exhibit greater detrusor instability, compliance change, and sphincteric weakness. Furthermore, many of these patients have persistent obstruction that requires further surgical intervention. Despite these difficulties, most patients are relatively pleased by the outcome of treatment with minimal impact in overall quality of life.

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