

Category No.

8

Video
Demonstration

Ref. No. 235

Abstract Reproduction Form B-1

| | |
|---------------------------------------|--|
| Author(s): | R.E.S. El-Galley, R. Talic, T.E. Keane, H.S. Clarke, J.A. Petros, and N.T.M. Galloway |
| Institution City Country | Emory University, Atlanta, GA |
| Title (type in CAPITAL LETTERS) | ANALYSIS OF LOWER URINARY TRACT SYMPTOMS AFTER RADICAL PROSTATECTOMY |

Aims of Study: Troublesome urinary symptoms of frequency, urgency or incontinence are common after radical prostatectomy. We have studied the patterns of urodynamic findings in patients, with symptoms that have persisted after the first year, to determine if the clinical diagnosis is reflected by the objective urodynamic diagnosis.

Patients and Methods: 133 patients who had had radical prostatectomy for localized prostate cancer were referred to our Continence Center for evaluation of persisting lower urinary tract symptoms. All patients had full history and physical examination. Video-urodynamic evaluation was performed using the MMS-2000 system. All patients were at least 1 year post radical prostatectomy.

Results: The mean age 68 " 8 years. The distribution of urinary symptoms was stress urinary incontinence (68%), urge incontinence (56%), nocturnal enuresis (17%), and obstructive symptoms (3%). Daytime frequency of > 8 times was observed in 41%, and nocturia > 2 times was observed in 36%. Wetting at night was reported by 66%, and 42% were using more than 2 continence pads per day. Maximum flow was <15 ml/s in 31% of patients, and 5% of patients had residual volume > 50 ml. Bladder capacity was reduced (<300 ml) in 48%. Detrusor instability was demonstrated in 31%, and compliance was reduced in 17% of patients. Urethral external sphincter electromyography showed normal activity in only 7%, recruitment was present but abnormal in 88%, and could not be detected in 4%. Stress incontinence was demonstrated in 65% of patients. Urgency symptoms were prominent, and 32% of patients had urgency at a bladder volume < 150 ml. The urgency was due to hypersensitivity in 57% and due to detrusor instability in 43% of patients.

Conclusion: Voiding symptoms in radical prostatectomy patients are not always due to sphincter damage and stress incontinence, since 32% of these patients have urge incontinence and Detrusor instability on urodynamic testing which can be helped with medical treatment. Urodynamic evaluation will help to distinguish between sensory and motor causes for urgency in post prostatectomy patients. The clinical diagnosis is incomplete in at least 36% for whom the urodynamic findings will direct appropriate continence management.