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Title (type in
CAPITAL
LETTERS)**SUBJECTIVE CHANGES OF URINARY CONTINENCE
AFTER TURP**

Aims of Study:

Reports about changes of continence after transurethral resection of the prostate (TURP) focus on the incidence of urinary (stress) incontinence appearing in 1.7 - 2.5% (mean 2.1%). Urodynamic studies demonstrated detrusor instabilities in 50 - 75% of the patients with LUTS and BPH before TURP and in 20 - 30% after TURP. It may be presumed that elimination of detrusor instabilities might improve continence. No data on subjective changes of continence after TURP are available. The aim of this study was to determine subjective alteration of continence after TURP with special attention on the age of the patients and on the follow-up period.

Methods:

In 102 patients with LUTS and BPE (mean age 68 years) a urodynamic investigation was performed before TURP. After a mean postoperative follow-up period of 43 months (11-91) all patients completed a questionnaire in which they recorded the continence status pre- and postoperatively as well as the subjective changes of continence using a Global Assessment Instrument with linear analogue scale (reaching from -100% to +100%). The data of the questionnaire, age, follow-up time and parameters of the urodynamic assessment were evaluated statistically using regression analysis, the T-Test and the ANOVA-Test.

Results:

Before TURP, 22 patients (21.6%) and after TURP, 12 patients (11.8%) were incontinent. Only 2 patients (2%) reported urinary incontinence after TURP for the first time, while 12 patients (11.8%) became continent, and 78 patients (76.5%) remained continent. Using the linear analogue scale, 56% of all patients indicated improved continence, 25% felt no change, and 19% reported about a deterioration of continence (mean change of the subjective outcome +21%). Only the status of renewed and sustained continence was associated with subjective improvement of continence ($p < 0.01$, mean change of subjective continence +75% and +17%, respectively). While urodynamic assessment before TURP proved a bladder outlet obstruction due to BPE in 76% of the patients, obstruction or non-obstruction was not associated with subjective continence improvement/deterioration. Furthermore, the subjective change in continence showed no correlation with the age of the patients ($p = 0.54$) or with duration of the follow-up period ($p = 0.36$).

Conclusions:

Incontinence ceased in 11.8%, but 2% of patients became incontinent for the first time after TURP. The majority of patients report subjectively improved continence after TURP. Subjective changes of continence after TURP are not associated with the age of the patient, duration of the follow-up period or with the bladder outlet obstruction before TURP. Further evaluation of the treatment outcome after TURP should also consider subjective changes of continence.