

Category No (Please check)	Rehder, Karschner-Hermanns, W. Schäfer, C. Knispel, S. Willis, G. Jakse	Abstract No
Institution, city, country:	Clinic of Urology, RWTH Aachen, Aachen, D;	
Title (type in CAPITAL LETTERS, leave one blank line before the text)		
URINARY AND STOOL INCONTINENCE POST PERINEAL PROSTATECTOMY - EVALUATION OF BOTHERNESS OF DIFFERENT ASPECTS OF INCONTINENCE		
<u>Aims of Study:</u>		
<p>Urinary and stool incontinence are the most distressing problems facing patients after radical prostatectomy. We performed a retrospective analysis in 157 and a prospective analysis in 30 patients undergoing a perineal radical prostatectomy using a self-administered questionnaire. Some incidence rates of urinary incontinence are published but there are few detailed data looking at the different aspects of incontinence such as loosing urine with or without stress, usage of pads, nocturnal leakage and the botherscore of those symptoms. We also looked at dysfunction of bowel movement and stool incontinence before and after radical prostatectomy. Furthermore, little is known how much tumor stage, urinary incontinence and bowel dysfunction influence the patients' self-perception of their quality of health (QoL).</p>		
<u>Methods</u>		
<p>A seven page self administered questionnaire was sent by an independent investigator to all 135 patients having had a perineal radical prostatectomy six months to two years before. The questionnaire consisted of three parts:</p>		
1	Sociodemographic and comorbidity data	
2.	General Health related quality of life questions (HRQOL)	
3	Prostate cancer specific HRQOL	
Questions regarding voiding habits and status of urinary continence		
Bothersome scores for different symptoms of urinary incontinence		
Questions about quantity and bother of pad-use		
Questions regarding dysfunction of bowel movements and stool incontinence pre- and postoperatively		

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Results: Response rate was 73.3%. When asked for leakage with coughing or sneezing, 40.7% patients answered they were completely continent, 48.3% patients occasionally lost some urine, 2.2% lost urine sometimes, 3.7% lost urine most of the time and 4.4% lost urine all of the time with stress. Of all patients reporting incontinence (UI) regardless of severity, 32% had no problem with their UI, 52.3% had a bit of a problem, 3.6% had quite a problem and 2.3% had a serious problem with UI. When asked whether they leaked during nighttime 84% reported no leakage, 14% occasionally had some leakage, 0.7% most of the time had leakage and 1.5% had always leakage at night. Of the 16% patients who reported leakage at night 15% had no problem, 69% had a bit of a problem and 15% had quite a problem. The question concerning the number of pads/day revealed 71.1% patients using no pads, 14% using one pad, 5.9% used two pads and 8.9% using more than two pads/day. Of all patients asked 10% reported some kind of problems with stool continence already prior to surgery. No patient reported any worsening. 13% who preoperatively had no bowel problems reported sensory difficulties differentiating stool from gas. 12.5% who did not have any problems prior to surgery reported shortly after surgery stool smearing once or twice a month. 6.9% had stool smearing at least once a week, but only one patient reported daily stool smearing. General health related quality of life was surprisingly good. 39.2% of patients rated themselves on a seven item visual analogous scale as good and excellent (6-7). Of those with advanced tumor stages (pT3 and pT4) 42% rated their QoL as good or excellent. 50% of those having no problems with urinary incontinence rated their QoL as good and excellent, but only 34.1% of those with continence problems. 44% of patients without any bowel dysfunction rated their QoL as good or excellent, but only 26% of those with bowel dysfunction. Due to relatively small numbers those differences in QoL were not statistically significant.

Conclusions: Keeping in mind the short follow up time of most of our patients, incidence of urinary incontinence and stool incontinence after radical prostatectomy is consistent with published results (Ref)*. Leakage at night is less common in our group but for those being incontinent at night it is bothersome in 85%. Minor problems with bowel function are reported quite frequently. The vast majority, however, reports mild forms of bowel dysfunction and stool smearing. Only one patient reported daily stool incontinence. 10% already had problems prior surgery but none became worse. Considering the fact that all patients underwent therapy of a malignant tumor the patients self perceived QoL was surprisingly good. Tumor stage didn't influence self-perceived QoL. Although statistically not significant, QoL was rated better by those patients having no problem with stool or urinary continence.

***Lit.:** Incidence of fecal and urinary incontinence following radical perineal and retropubic prostatectomy in a national population. *IM J Urol* 1998 Aug;160(2):454-8