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CONSERVATIVE MANAGEMENT OF POST PROSTATECTOMY URINARY INCONTINENCE

Aims of Study: Urinary incontinence after prostatectomy can severely impact quality of life. Conservative treatment may enhance the return to continence after surgery but practitioners are limited in the evidence available to them on effective treatment choices. The purpose of this analysis was to assess conservative management of urinary incontinence (UI) after transurethral, suprapubic, radical retropubic or perineal prostatectomy. Conservative management meant pelvic muscle exercises, biofeedback, electrical stimulation using a rectal electrode, transcutaneous electrical nerve stimulation, or a combination of methods. **Methods:** We systematically searched the Medline, Cinahl, Embase, Psychlit, Eric, and Cochrane Incontinence Group trials register, to January 2000 and reference lists of relevant articles, and hand searched relevant conference proceedings. Selection Criteria: Randomised or quasi-randomised controlled clinical trials (RCT's) evaluating conservative management of UI after prostatectomy. Data Collection and analysis: Two reviewers assessed the methodological quality of the studies and abstracted data from included trials onto a standard form. Predetermined outcome measures included: symptoms of UI (frequency, degree, number of UI episodes; number of pads/clothing changes; percentage improvement in UI episodes); perception of cure or improvement; satisfaction with treatment outcome; weight of urine loss on pad test; voiding diary; and quality of life measures **Results:** Only 5 RCTs were identified which included 365 men, each studying different treatments, all evaluating men after radical prostatectomy. The trials were of moderate quality and data were not available for many of the prestated outcomes. Confidence intervals for both dichotomous and continuous data were wide; it was not possible to reliably identify or rule out a useful effect. Although men's symptoms tended to improve over time, irrespective of management, there was limited evidence that pelvic floor muscle training resulted in reduced incontinence in the short term (OR 0.35, 95% CI 0.18 to 0.68 in the first 3 months, Figure 1). There was less difference in the long term. However, men appeared to benefit from the psychological support provided by the increased contact with professionals which resulted from the teaching of exercises. **Conclusions:** After radical prostatectomy, there is a significant improvement in continence over time. The role which conservative management of post prostatectomy UI has in enhancing the return to continence remains unclear. Further trials with adequate sample sizes and objective outcome measures are needed.

Figure 1