

HEALTH RELATED QUALITY OF LIFE (HRQOL) AFTER RADICAL PERINEAL PROSTATECTOMY (RPP)—PROSPECTIVE LONGITUDINAL STUDY

Aims of Study

The aim of this study was to assess the incidence of urinary (UI) and faecal incontinence (FI) as well as impotence in patients following RPP. We tried to assess how bothersome different aspects UI and FI are for the individual and what impact different symptoms have on HRQOL. Taking into account that in the general male older population about 15 and 5% suffer from urinary and bowel symptoms and 31% of our patients are sexually inactive at the time of radical prostatectomy longitudinal prospective studies are warranted to evaluate complications.

Methods

Using a self-administered questionnaire we evaluated up to now 80 pat. before RPP and six and twelve months after. The questionnaire included the ICS male incontinence questionnaire, the Kelly score for bowel symptoms and the EORTC QoL-C 30 questionnaire. In a subgroup of 30 pat. we did a rectal manometry prep to find out whether we could predict continence outcome. Three investigators not involved in any form of treatment evaluated all data.

Results

Follow up data of 74pat. after RPP could be evaluated. Median age was 64.1years. Global HRQOL surprisingly didn't change much after six and 12 months. However comparing patients who reported bothersome urinary or stool incontinence with those continent or those stating that they didn't experience bothersome symptoms of incontinence made it clear that bothersome incontinence has a significant impact on HRQOL. Looking at different symptoms severe urgency (1.6% affected) was the most bothersome symptom of UI and decreased warning time (3.1% affected) the most bothersome symptom of FI. Evaluating rectal manometry has shown that neither pressure profile, nor median pressure with/without straining has any predictive value for impairment of continence function after the intervention. For those preoperatively sexually active 16.1% stated their impotence has a negative impact on their partnership but nobody said it created a serious problem with their partner. As one would expect impotence creates a bigger problem for those under 60y (36.4% vs. 5%). Six and twelve months results showed a slight improvement in FI and UI symptoms as well as a slightly improved erectile function after twelve months. Symptoms of urgency didn't change.

Conclusions

Impotence is the most common adverse effect after RPP with a negative impact on HRQOL. Especially in younger men who are preoperatively sexually active impotence has in a negative impact on their partnership. Whether nerve sparing techniques will significantly reduce rate of impotence without risking a worse tumour outcome has to be investigated in the future: Urinary stress symptoms are more frequent than urgency but those who suffer under de novo urgency tend to be more bothered by their symptom. Especially faecal incontinence is often multifactorial, with decreased anorectal sensation, and altered stool consistency playing significant roles. Decreased warning time was most bothersome for those affected. Rectal manometry didn't help predicting continence outcome.