

DIFFERENT ASPECTS OF STOOL INCONTINENCE AFTER RADICAL PERINEAL PROSTATECTOMY AND RADIATION THERAPY OF LOCALISED PROSTATE CANCER - A PROSPECTIVE COMPARATIVE LONGITUDINAL STUDY

Aims of Study

Fecal incontinence (FI) is a bothersome, often unreported complication following radical prostatectomy. Our goal is to look at incidence of different aspects of FI and their bothersomeness for the individual after radical perineal prostatectomy (RPP) and radiation therapy (brachytherapy). Since these symptoms are prevalent in 15-30% in older men prospective longitudinal studies are warranted.

Methods

We did a longitudinal prospective study on 143 patients having undergone RPP and 124 patients treated with brachytherapy in the years of 1999 to 2002. Two independent investigators sent a 7 page self-administered questionnaire to all patients, including clinical data, the EORTC 30 Quality of Life questionnaire, questions regarding stool habits and status of fecal continence (Kelly) and bother scores for the different symptoms before and 12 months after treatment.

Results

Up to now follow up data of 99 pat. after RPP (69%) and 58 after brachytherapy (47%) could be evaluated. Medium age after RPP was 63y and 68y after brachytherapy. 42% and 43% of all patients had at least one symptom of FI before treatment, no statistical difference between both groups. De novo symptoms of increased frequency were 5% (4%), urgency 1% (8%), problems discriminating 14% (6%), diminished warning time 3% (8%) stool smearing 14% (10%). 11% (6%) pat. had denovo SS once-twice a month, 3% (2%) had weekly SS and 1% (6%) three times a week, daily SS had 0% (4%). SS less than once a month was bothersome for 71% (67%) and SS more than once a month was bothersome for 50% (100%). Increased frequency bothered 75% (50%), urgency 0% (75%), problems discriminating 82% (100%), diminished warning time 100% (67%) of those affected. (Number in brackets refer to patients treated with brachytherapy).

Conclusions

Our data clearly demonstrate the necessity of evaluating fecal continence status before treatment. To our surprise there was only little difference of symptoms of FI after both treatment modalities. Numbers of patients affected are rather small but sensory problems seemed to be more often after brachytherapy. Although some of the results may be biased by the fact that patients with brachytherapy were older, one has to keep in mind that there was no significant difference between continence status before treatment. Patients affected were to a great extent bothered by the symptom. Stool smearing was, even if present less than once a month, bothersome for the majority of patients and urologists should be reminded to inquire not only about urinary but also about fecal continence status when treating localised prostate cancer surgically or with radio therapy.