

## **URINARY INCONTINENCE AFTER RADICAL PROSTATECTOMY (RP) ASSESSED BY THREE DIFFERENT QUESTIONNAIRES**

### Hypothesis / aims of study

The aim of this study was to evaluate prospectively different questionnaires in respect to detect urinary incontinence after RP. Urinary incontinence after radical prostatectomy has been reported with a range of 0 to 69%. This wide range may be due to surgical expertise, patient selection, supportive treatment, inconsistent definition of urinary incontinence and different ways of data collection. Incontinence is currently often reported in form of 'pad use'. Aim of this study was to look how well 'pad use' reflects patients' suffering from of incontinence after RP?

### Study design, materials and methods

65 patients with localized prostate cancer who underwent radical perineal prostatectomy with unilateral nerve preservation, were evaluated prior and 12 months later in regard to urinary incontinence. Two questionnaires (EORTC-QLQ-C30 and ICS Male Questionnaire were given prior to surgery and mailed 12 months after surgery to the patients. In addition they received a non validated questionnaire provided by a German Urology Clinic (H. Huland et al.) This later questionnaire was used to assess primarily erectile functions but included five questions concerning quality of micturition and continence. In 12 patients radiotherapy of the prostate bed at dose of 60 to 66Gy was applied after 6 months because of positive surgical margins. None of the patients had additional surgical intervention to improve continence. The evaluation of these questionnaires was done by a statistician (TR) not involved in patient care.

### Results

One or more pads were used by 10 to 12% of the patients, depending on the questionnaire used. Only 2% of the patients used more than 2 pads. However 15% of patients lost urine with stress, 19% without any reason, 17% stated urine loss before reaching the toilet and 4% claimed urine loss during night time. Nearly all patients reported that these leakages occurred occasionally and were associated with little to moderate bother. The question regarding problems with holding urine was not clearly correlated to urinary incontinence. It seems too unspecific to separate stress incontinence from urgency or urge incontinence.

### Interpretation of results

The simple questions for the number of pads used underestimates the occurrence of urinary incontinence occurring after radical prostatectomy. Urinary incontinence, especially symptoms of urgency, cause problems which not always lead to the patient using pads. Use of pads is not equal to loss of urine. The simple question for the number of pads or diapers neither reflects the true rate of patients losing urine, nor frequency and the amount of urine which is lost. Problems like urgency or nightly incontinence are often not assessed in the questionnaires used at present.

### Concluding message

Outcome of radical prostatectomy should be evaluated by questionnaires asking about various types, frequency and bother of different urinary incontinence symptoms.