

CONTINENCE CARE FOR MEN HAVING PROSTATE SURGERY: ADVICE AND CARE BEFORE AND AFTER RADICAL PROSTATECTOMY AND TRANSURETHRAL RESECTION OF PROSTATE

Hypothesis / aims of study

Urinary incontinence is common after prostatectomy (1, 2). This risk is highest after radical surgery for cancer (50-90% prevalence six weeks after surgery). While the risk is lower after surgery for benign disease (5-10% prevalence at six weeks) the numbers affected after the two procedures are similar as benign disease is much more common. Over time, the rate of incontinence falls in both groups, but a significant number of men are left with long-term incontinence.

Men experience wide variation in the amount of advice and care they receive about continence problems they may experience after prostate surgery. Surveys were undertaken in two populations: 1) post-operative patients and 2) staff who were involved in the Men After Prostate Study (MAPS). MAPS is comprised of two multi-centre randomised controlled trials, running in parallel, of pelvic floor muscle training for urinary incontinence after radical prostatectomy and transurethral resection of prostate (TURP).

The aims of the surveys were:

- 1) to explore the experiences of men who had recently undergone prostate surgery (radical prostatectomy or TURP) at study centres in relation to the continence advice and care they had received;
- 2) to establish what was current standard practice with regard to continence advice and care for these patient groups in study centres.

Study design, materials and methods

Between March and June 2008 postal questionnaires were sent three weeks post-surgery to consenting men after radical prostatectomy or TURP procedures at the 30 study centres. (Only those men who were wet at this stage were eligible to participate in MAPS.) The questionnaire asked about information and care relating to continence received before and after the recent prostate surgery, the services and facilities offered, and the overall level of satisfaction with continence care. The staff questionnaire was distributed in June 2008, and asked study centre staff about the continence care that was routinely offered to both radical and TURP patients. A comparison of what continence care the staff reported was offered and what men reported receiving was thus made possible.

Results

Prevalence of urinary incontinence

Recruitment to MAPS is now complete (n=853) and prevalence of urinary incontinence at three weeks post-surgery was found to be 88% for radicals and 42% for TURPS.

Patient survey

In total 146 (56 radical, 90 TURP) out of 190 men responded (77% response rate). Most men who had radical prostatectomy (98%) had been made aware beforehand that they might leak afterwards, compared to 60% of men who had TURP ($\chi^2 = 26.6$, $df = 1$, $p < 0.001$). Respondents most often acquired this information from their hospital consultant (98% radical; 63% TURP), followed by a hospital nurse (38%; 33%), and finding out for themselves (31%; 20%). Radicals reported having significantly more sources of this information than TURPS (median number of sources 2 vs 1; Mann-Whitney U test $z = -3.226$; $P = 0.001$). Respondents, particularly radicals, were commonly offered pads post-operatively (66% radical; 9% TURP; $\chi^2 = 52.9$, $df = 1$, $p < 0.001$) but more reported using such products (77%; 17%; $\chi^2 = 52.1$ $df = 1$, $p < 0.001$). Similarly men reported being given pelvic floor exercise advice (62% radical; 9% TURP; $\chi^2 = 47.8$, $df = 1$, $p < 0.001$), although uptake was lower (48%; 7%; $\chi^2 = 34.0$, $df = 1$, $p < 0.001$).

Staff survey

In total 26 out of 29 centres responded (90% response rate) (1 centre had closed). The majority of responses were collated and returned by research nurses (65%). All responses indicated that radical prostatectomy patients at the centre were informed before surgery about the possibility of leaking urine afterwards, and that this information was always given by the hospital consultant. In addition, at 88% of centres the continence nurse also gave this information prior to radical prostatectomy. All centres reported that TURP patients were also informed about possible urine leakage prior to surgery. Responses indicated that in 88% of centres the hospital consultant gave this information and in 62% of centres the continence nurse did also. In terms of routinely offering patients pads post-operatively, 62% of centres reported this was standard practice for radicals and 46% of centres for TURPS. Responses indicated that pelvic floor exercise advice was routinely given to radical patients in 96% of centres and to TURP patients in 58% of centres.

Interpretation of results

A large proportion of patients in MAPS experienced urine leakage three weeks after radical prostatectomy and TURP. Patient responses indicated that most men having radical surgery were informed pre-operatively that they might experience urine leakage, but that TURP patients were significantly less likely to receive such information. All centres however reported that standard practice was to inform both patient groups about the possibility of urinary incontinence. In terms of continence pads and advice on pelvic floor exercises, over half of radical patients who responded were offered these compared to less than 10% of TURP patients. Standard practice regarding provision varied across centres; a greater proportion of centres reported offering pads and pelvic floor exercise advice to radical prostatectomy patients than to TURP patients.

Concluding message

Men having radical prostatectomy and TURP received different continence advice and care, despite the fact that many in both groups will have experienced urinary incontinence. Whilst the targeting of continence care may be appropriate post-operatively

when leakage can be identified as a problem or not for each patient, all men should be made aware of the potential for post-operative urine leakage prior to surgery.

References

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2. Hunskaar S, Burgio K, Diokno AC, Herzog AR, Hjalmas K, Lapitan MC. Epidemiology and natural history of urinary incontinence. *Incontinence: 2nd International Consultation on Incontinence*. Plymouth, UK: Health Publications, 2002:165–200

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<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Scotland B Multi-centre Research Ethics Committee
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes