301 Objetive assessment of early urinary continence by analysis and visualization of intraoperative variables of radical robotic prostatectomies with a video editor

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Introduction

UI after PR is one of the factors with the greatest impact on the quality of life of patients and associated healthcare costs.

The definition of UI is very variable in the literature.Then, there are multiple predictive factors studied that influence the recovery of postoperative continence, the most important is the intraoperative factor

we try to study all intraoperative factors through a video editor of 148 patients undergoing robot assisted laparoscopic radical prostatectomy. The development of predictive models in urology allow to stratify and discriminate risk, its calibration and the development of decision curves are very useful in clinical practice.

There is a shortage of predictive mathematical models of urinary continence recovery. The purpose of this study is to identify intraoperative and perioperative variables that allow us to predict the early recovery of continence in patients undergoing radical robotic prostatectomy.

Methods and Materials

Retrospective and observational study, from September 2008 to March 2015. The analysis of intraoperative factors is carried out through the visualization with a video editor of 148 patients undergoing robot assisted laparoscopic radical prostatectomy, together with other perioperative, associated factors. to continence and described in the literature.

We value continence through ICQ questionnaires, urinary losses recorded with absorbents products and clinical interview in the first, third, sixth month and the year after surgery. We define continence as the non-use of absorber products or one as social protection or ICQ ≤ 7.

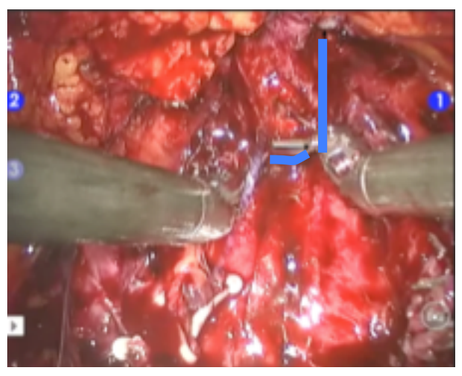
Analyze by binary and linear logistic regression what relation the intraoperative and perioperative variables have on urinary continence measured in the first, third, sixth month and year of the surgery and on the stability of continence. We proceeded to the visualization of these surgeries in a complete way and we collected all the intraoperative variables, which we will later describe, by means of a video editor and later being reviewed by a skilled surgeon. As inclusion criteria in this study, they were fixed in patients with organ-confined PC who presented continence preoperatively, identified by clinical anamnesis and with a score of 1 in the ICIQ-SF questionnaire (International Consultation on Incontinence Questionnaire-Short Form) , whose surgery was recorded in its entirety. These patients had a minimum follow-up of 12 month.

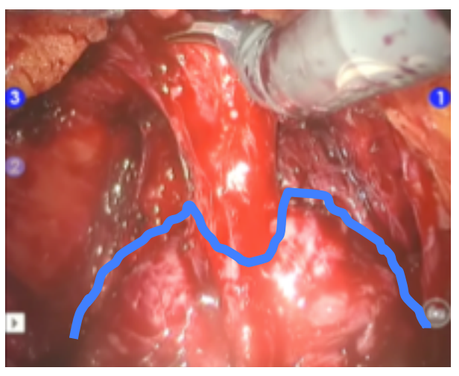
Patients with radiotherapy prior to surgery, history of surgery on prostate, bladder or urethra prior to radical surgery, videos of patients whose surgery was not recorded correctly or completely and who did not allow a correct visualization and assessment to be excluded from the study were excluded from the study. the analysis of the intraoperative variables, patients with a follow-up of less than 12 months.

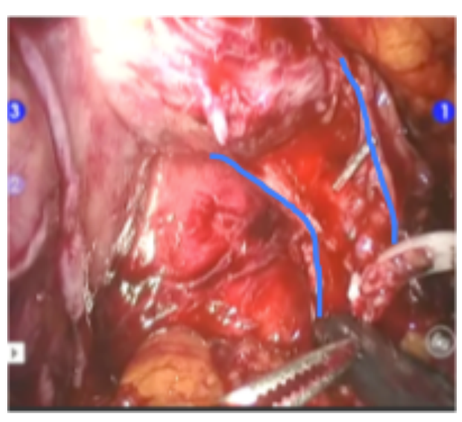
Results

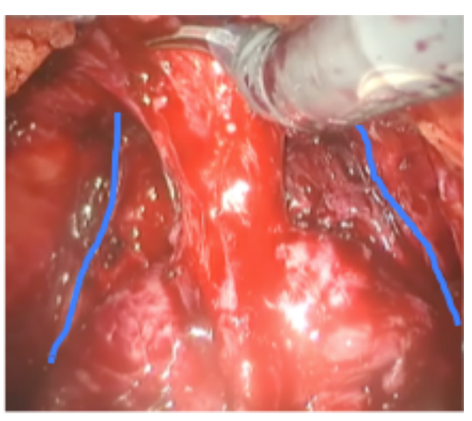
In our study, 72.9% of the patients managed to be continent one year after surgery with an average time of stabilization at 4.3 months. In our binary logistic regression analysis of the intraoperative variables, we did not find a significant relationship with the variable continence analyzed during the first year. In the linear logistic regression analysis we have found that tension-free sutures have a direct positive effect ($p \leq 0.05$) on the continence stability time, as well as the urinary losses measured in the first month of surgery. On the other hand, both the number of absorbents products used in the first month together with a stress-free urethral-urethral suture influence the stabilization of urinary continence more precociously.

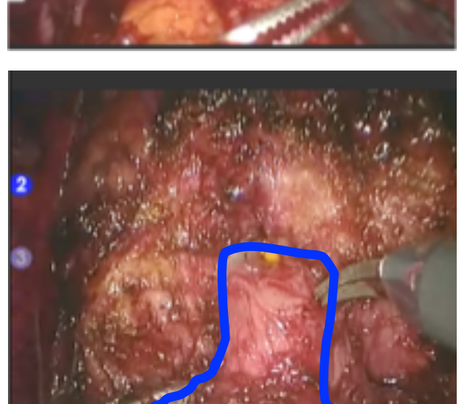
	TIME TO CONTINENCE AFTER RP
	P
Bladder neck closute	0.81
Pads	0.001
Weight prostate	0.34
Nneck Preservation	0.46
Tensión free continuum-urethralanastomosis	0.01
Uretheral length	0,59
Nerve-sparing bundle	0,95
Apex	0,9
Days with catheter	0,17
IPSS	0,43

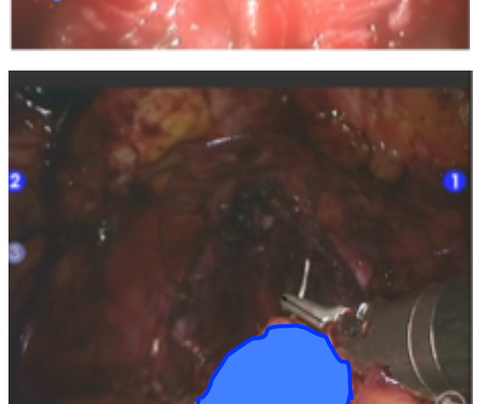


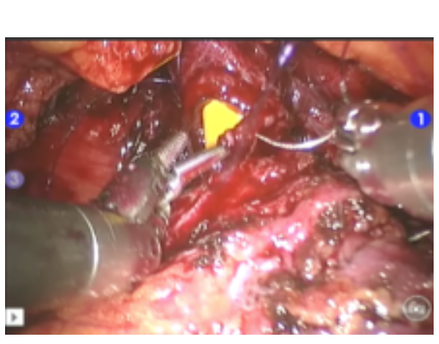


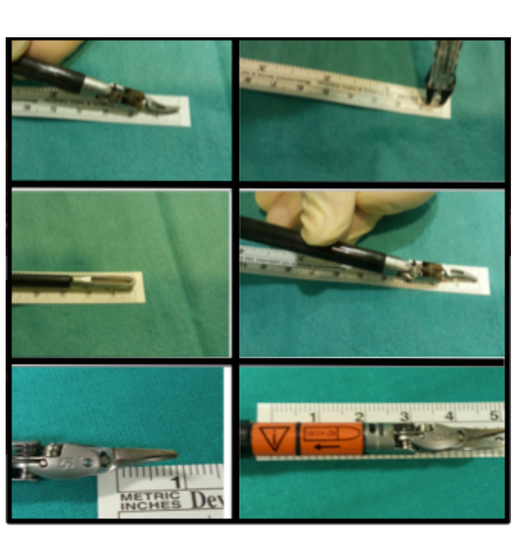












Conclusions

In conclusion, in our study we found that those tension-free sutures can help the early stability of continence. We have not found other intraoperative predictors that influence urinary continence. The urinary losses measured in the first month are related to the early recovery of continence.

For this reason, we recommend certain technical changes, such as the use of V-loc sutures, which help reduce the tension of the anastomosis.

Evaluate a posterior reconstruction and release of bladder sides to facilitate tension-free suture

References

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Click on the border once to highlight and select a different font or font size that suits you. This text is in Arial 16pt and is easily readable up to 6 feet away.