Workshop ICS Rio 2014: Male incontinence.

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Most male patients with incontinence are patients undergoing prostatectomy
CASE STUDY:
I° Patient with urinary incontinence after a radical prostatectomy
II° Patient one year after a prostatectomy who is still incontinent

I°

1.Patients diagnosed with prostate cancer have three options:

- Watchful waiting
- External beam radiotherapy/ hormonal treatment
- Radical prostatectomy (open/ laparoscopic/robot)

2. After radical prostatectomy: 9/10 men are urinary incontinent

3. Preoperative treatment?

- Information to the patient (anatomy of the pelvic floor, surgery, urinary incontinence, erectile dysfunction…) by means of a communication booklet
- Preoperative treatment: no consensus based on evidence.
    - Exercises: force, endurance, coughing/sneezing, functional exercises
    - Biofeedback
    - Electrical stimulation:
        - Only in patients who can't contract well (strenght score (ICS): 0-1)
        - Parameters: 200-600 µsec pulse duration, 50 Hz frequency, 10 minutes, combined with biofeedback (ES-rest-BF-rest), biphasic symmetric current
- As part of a scientific project have several preoperative measurements: uroflow, bladderscan, preoperative urine loss, 1-h-pad-test, 24-h-pad-test, micturition paper, several questionnaires (IPSS, KHQ, IIEF, EHS, ISL, FPACQ), tone/force/endurance of the pelvic floor muscles)

4. After surgery:

- Indwelling catheter during 6-12 days (robot/open surgery)
- Urine loss high besides the indwelling catheter-> predictive factor for incontinence
- In some cases a cystography is performed before removing the indwelling catheter

5. Removing the indwelling catheter:

- Day of catheter removal: diuretica + 10 days of antibioticsprophylaxis
- Information to the patient (anatomy of the pelvic floor, role of the pelvic floor muscles, drinking, urinating, urine loss (balance with an accuracy of 1 gram)
- Pelvic floor muscle exercises (force, endurance, coughing/sneezing, functional exercises)
- Patients are hospitalized for one night. Minimum two times a bladderscan is performed to check for emptying of the bladder.
- Based on the urine loss the first day of catheter removal (predictive factor), a prediction of duration of urinary incontinence is given to the patient:

Urine loss first 24h	**2-50 g**	**51-100 g**	**101-200**	**201-500**	**> 500 g**
25 %	4 days	9 days	9 days	13 days	49 days
50 %	8 days	16 days	29 days	29 days	70 days
75 %	19 days	33 days	35 days	53 days	97 days

- Important to motivate patients to be active during the first 24h after catheter removal to have an accurate prediction instead of lying in bed

6. After discharge home, patients go 1x/week to the physiotherapist to discuss their micturition paper and perform pelvic floor muscles. Palpatio per anum/ biofeedback+ electrical stimulation with a probe is not allowed until six weeks postoperative. They continue until complete continence (<2 g on 24-h-pad-test, 1 g on 1-h-pad-test, wearing no more pads) Subjective feeling towards degree of incontinence is checked.
   Alcohol, intensive activities and fatique are factors that increase urine loss. Physical activity is decreased the first month after surgery but after 3 months most activities can be done.

7. When therapy is finished (because of complete continence), patients are encouraged to continue their exercises.

8. As part of a scientific project patients have further follow-up with measurements 1, 3, 6 and 12 months after surgery (uroflow, bladderscan, 1-h-pad-test, several questionnaires (IPSS, KHQ, IIEF, EHS, ISL, FPACQ), tone/force/endurance of the pelvic floor, recuperation of orgasm/ erection/ sexual intercourse/ urine loss during orgasm)
   Normally, patients stay dry and have no further problems.

II°

When a patient is still urinary incontinent one year after radical prostatectomy:

1. Intensive pelvic floor muscle exercises during 3 months (force, endurance, coughing/sneezing, functional exercises, micturition paper)
2. Calculate the mean urine loss each month:
   - when the mean urine loss/month decreases: continue therapy
   - when the mean urine loss/month remains the same: stop therapy=> surgery
3. Types of surgery: Male sling/ Artificial Urinary Sphincter/ Injection

Questions to ask the participants:

- What more information on the history do you need?
- Are all risk-factors asked?
- What are the steps to take for the therapy?
- What do you explain to the patient?
- What effect may be expected based on the literature? Short and long term?
- What is lifestyle change? What is physio?
- What is lacking? What need to be in a research program?

References

-Conservative management for postprostatectomy urinary incontinence.
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