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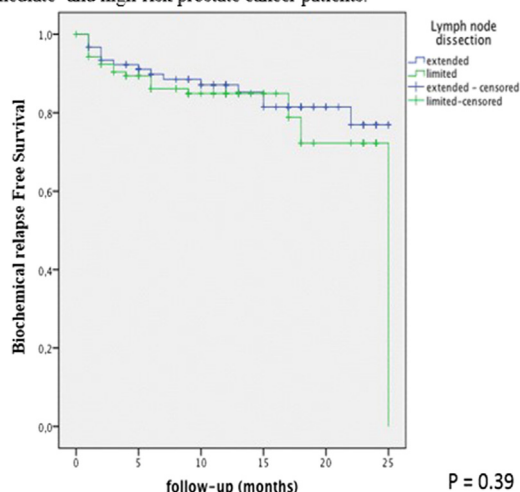


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FIGURE 1: Kaplan-Meier estimates of biochemical relapse-free survival after radical prostatectomy with extended or limited pelvic lymphadenectomy in intermediate- and high-risk prostate cancer patients.



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PD43-07

URINARY DRAINAGE FOLLOWING ROBOT-ASSISTED RADICAL PROSTATECTOMY: A PROSPECTIVE RANDOMIZED CLINICAL TRIAL COMPARING TRANSURETHRAL VS. SUPRAPUBIC CATHETERIZATION

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INTRODUCTION AND OBJECTIVES: Postoperative discomfort due to transurethral catheterization remains one major concern of patients undergoing radical prostatectomy. The type of urinary drainage is still discussed controversially with regard to patient comfort and potential deterioration of functional results. This prospective, randomized study compares suprapubic vs. transurethral catheterization after robot-assisted radical prostatectomy (RARP) to evaluate postoperative patient comfort, urinary tract infection and functional results.

METHODS: 160 patients were randomized prospectively: only a transurethral catheter was placed in the control group (A), while an additional suprapubic tube was used in the intervention group (B) with removal of the transurethral catheter on postoperative day (POD) 1. A cystogram was performed before micturition was allowed on POD 5 in both groups. To investigate patient comfort, numeric rating scale was used in the morning, at noon and in the evening, urinary analysis was performed on POD 5 after second void. The functional outcomes after 3 and 6 months were evaluated employing questionnaires (IPSS, ICIQ-SF, EORTC QLQ-C30).

RESULTS: There were no statistically significant differences in patients' characteristics, perioperative or tumor-related data. Significantly less pain was observed in patients with suprapubic catheterization: the mean overall pain (POD 1-4) was higher in the control group with 2,4 compared to 1,7 (B), $p=0,012$. After catheter withdrawal on POD 5, the mean pain score remained lower in the cystostomy group in the morning ($p=0,002$) and at noon ($p=0,029$). No differences could be found in postoperative bacteriuria as well as overall complications with one urethral stricture in each group. 3- or 6-months follow-up was available for 116 patients. There were similar levels of quality of life as well as postoperative continence (defined as ≤ 1 pad/day) with 92% (A) vs. 89% (B) after 6 months. LUTS improved in both groups with a mean decrease of the IPS-score of -1,5 vs. -2,4 points after 6 months ($p>0,05$).

CONCLUSIONS: Suprapubic tube placement in robot-assisted radical prostatectomy leads to superior postoperative patient comfort with comparable complication rates. Furthermore, functional outcomes showed no disadvantages for omitted splinting of the vesicourethral

anastomosis. Therefore, employment of suprapubic catheterization should be discussed for all patients.

Source of Funding: none

PD43-08

THE EFFECT OF PRIOR TURP ON COMPLICATIONS AND LONG-TERM OUTCOMES AFTER RADICAL PROSTATECTOMY: A 25-YEAR SINGLE INSTITUTION EXPERIENCE

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INTRODUCTION AND OBJECTIVES: Transurethral resection of the prostate (TURP) is commonly performed for men with benign prostatic enlargement and is often encountered in the history of patients undergoing radical prostatectomy (RP). Nevertheless, the impact of prior TURP on perioperative and long-term outcomes is understudied in the literature. Here we analyze the impact of prior TURP on complications, functional outcomes, and oncologic endpoints using a prospectively maintained RP registry.

METHODS: Men undergoing RP during the PSA era (1987-2012) as primary treatment for prostate cancer were queried in our institutional database. Those with metastasis at diagnosis or prior hormonal or radiotherapy were excluded. The impact of prior TURP on complications, functional outcomes, and 15-year oncologic outcomes was analyzed. Men with baseline impotence or incontinence before RP were excluded when analyzing functional outcomes. Multivariate regressions on complications and functional outcomes adjusted for age, BMI, robotic assistance. Fifteen-year oncologic outcomes were analyzed using cox proportional hazard models to account for PSA, tumor grade, pathologic stage, nodal status, and patient age.

RESULTS: Of the 19,667 men who underwent primary RP, 1,103 (5.6%) had a history of TURP before RP. Men with a prior TURP had a significantly higher (all $p<0.001$) rate of overall (32.1% vs 20.6%), intraoperative (2.9% vs 1.2%), and post-operative complications (30.0% vs 19.8%) compared to men without a prior TURP. Bladder neck contracture was the complication most influenced by a prior TURP (15.6% with vs 4.6% without prior TURP, $p<0.001$). On multivariate regression modeling, prior TURP remained a significant predictor of overall (OR 1.697, $p<0.001$), intraoperative (OR 1.982, $p=0.001$), and postoperative complications (OR 1.632, $p<0.001$) as well as bladder neck contracture (OR 2.864, $p<0.001$). Prior TURP was also associated with decreased odds of continence (OR 0.841, $p=0.019$) and potency (OR 0.564, $p<0.001$) one year after RP on multivariate analysis. Prior TURP did not significantly influence 15-year rates of biochemical recurrence, systemic progression, prostate cancer specific mortality, or overall mortality ($p>0.05$ for all) on multivariate analyses.

CONCLUSIONS: A history of TURP before RP is independently associated with higher complication rates and poorer functional outcomes. As TURP is still commonly performed for symptomatic prostatic hypertrophy, further study to improve RP outcomes in this subset patients is warranted.

Source of Funding: None

PD43-09

ONCOLOGICAL AND FUNCTIONAL OUTCOMES FOR AFRICAN AMERICANS UNDERGOING ROBOTIC ASSISTED RADICAL PROSTATECTOMY

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INTRODUCTION AND OBJECTIVES: Several studies have shown African Americans (AA) are more likely to experience decisional regret after Robotic Assisted Radical Prostatectomy (RARP). Our objective was to determine if AA experience differs in regards to oncological and functional outcomes after RARP.