

Session 5.3 Clinical Track

Abstract Title:

The Impact on Quality of Life in Men with Urinary Incontinence after Prostatectomy

Presenters:

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Intended Audience:

Clinicians

Areas of Focus:

Use in Practice, Quality Of Life

Research Format:

For Research Reports

PURPOSE: Prostate cancer is the major type of cancer among men. After a radical prostatectomy, urinary incontinence (UI) is a serious postoperative complication that affects the quality of life (QoL) of the clients. The QoL is based on the relationship between physical, psychological and socio-cultural domains, which are seen as different areas that constitute an important goal in clinical research. UI is a problem that affects several of these domains. The use of specific instruments that evaluate UIs impact on the QoL is recommended. There are many studies in the literature that involves the female population, but there are few articles which evaluates the impact of UI on the QoL in men. The purpose was to evaluate the QoL in men with UI after prostatectomy.

METHODS: Two questionnaires of QoL were applied: the International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) and the SF-36. The sample was composed of men with UI due to sphincteric insufficiency after a radical prostatectomy. All were candidates of the bulbourethral sling surgery.

FINDINGS: Twenty-five men were interviewed, with age ranging from 49 to 81 years (mean 65 ± 7.29 years). The ICIQ-SF showed an important implication on the QoL due to the UI. Considering that higher score values showed poor QoL, 44% presented the maximum score (21). The medium score was 19 ± 2.96 , ranging from 8 to 21. On the SF 36 zero means the worst state of health and 100 means the best state of health. The subjects presented higher scores on the domains Functional Capacity (62.4 ± 22.32) and Mental Health (62.7 ± 22.05) and lower scores on the domain Physical Aspects (11.2 ± 8.69).

CONCLUSIONS: The UI after a prostatectomy has negative impact on the QoL. The recommendations include adequate preparation of the patient before surgery and his follow-up until complete adaptation to the possible side effects. It must be the primary task of the multidisciplinary professional staff.

Citations:

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