



# THE IMPACT ON QUALITY OF LIFE IN MEN WITH URINARY INCONTINENCE AFTER PROSTATECTOMY

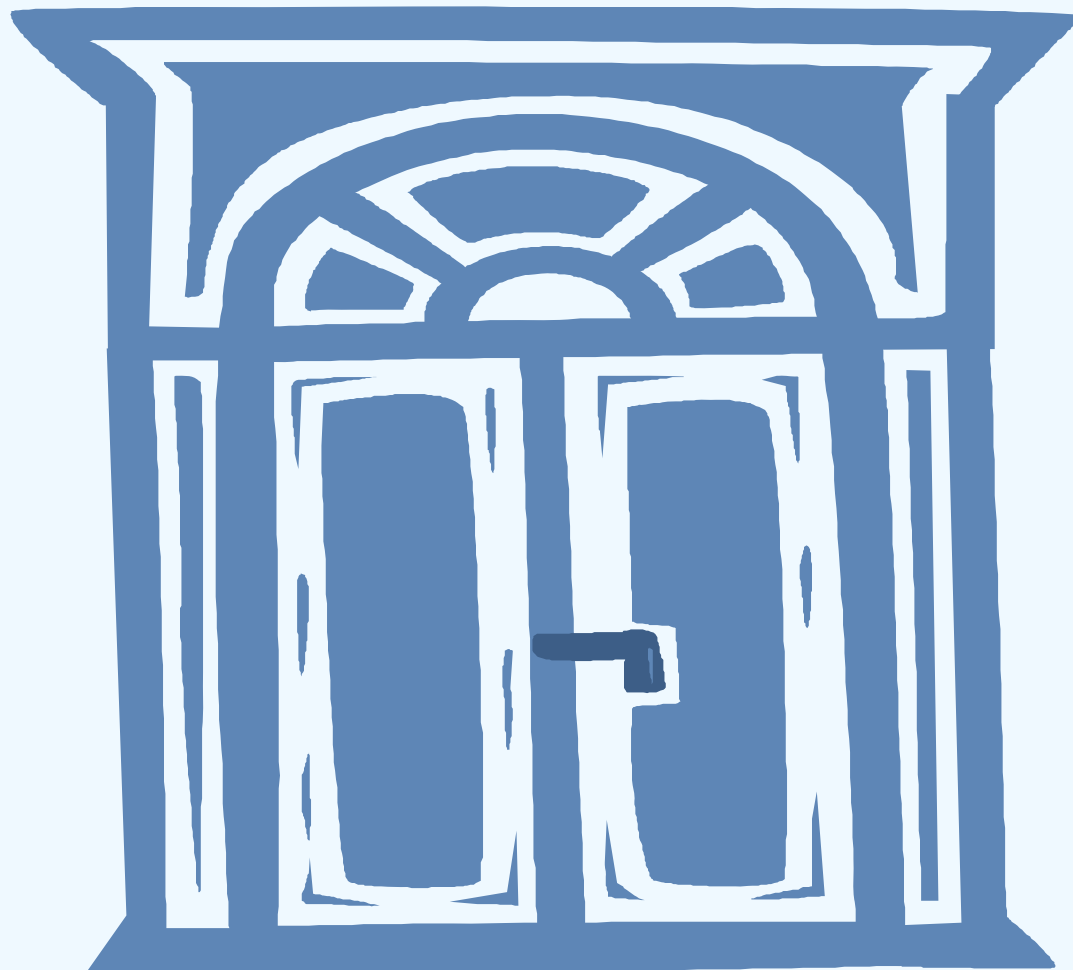
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- ◆ **Prostate cancer is the main type of cancer among men**
- ◆ **“Gold standard” treatment of localized prostate cancer = prostatectomy**



## Sequels



**URINARY INCONTINENCE (UI)**



**SEXUAL IMPOTENCE**



# Introduction



- ◆ **Urinary and sexual function outcomes after prostatectomy depend on the surgical expertise of the providers, study design and exact choice of outcomes**
- ◆ **Penson et al.(2006): 1288 men who had undergone radical prostatectomy, 60 months after diagnosis:**
  - ◆ **14% reported frequent urinary leakage or no urinary control (baseline = 4%)**
  - ◆ **71% were unable to achieve erections firm enough for intercourse (baseline = 17%)**



- ◆ **Urinary incontinence and impotence → affects the quality of life**
- ◆ **Ukoli et al. (2006): 100 African American men who had undergone radical prostatectomy showed that for most men physical and psychosocial QoL domains were affected**



- ◆ **There are several studies in the literature involving the female population; however there are few articles, which evaluate the impact of UI on the QoL in men**



# Objective



- ★ **To evaluate the QoL in men with UI after prostatectomy**



# Methods



- ◆ **The ♂♂ with urinary incontinence → candidates to the bulbourethral sling surgery**
- ◆ **Two questionnaires of QoL:**
  - ◆ **ICIQ-SF: specific questionnaire; score ranges from 0 to 21, and higher the value, worse the QoL**
  - ◆ **SF-36: generic questionnaire; 8 scales or components; a final score ranges from 0 to 100, where 0 is the worst general state of health and 100 the best state of health**



- ◆ **Spearman's coefficient: correlation between the domain scores of the SF-36 and the ICIQ-SF score, SAS for Windows**
- ◆ **There was approval of the Ethics Board on Research and all patients read and signed the Informed Consent Form**



# Results



- ➔ **25 men were interviewed**
- ➔ **Age: 49 to 81 years (mean 65  $\pm$ 7.29 years)**
- ➔ **The ICIQ-SF presents a negative impact on the QoL due to the UI:**
  - **44% presented the maximum score (21)**
  - **The medium score was 19  $\pm$ 2.86, ranging from 8 to 21**

# Table 1 – Values obtained for each SF-36 component



Components	Mean	SD	Median	Minimum	Maximum
Functional Capacity	62.92	22.53	70.00	25.00	95.00
Physical Aspects	<b>56.00</b>	43.47	75.00	0.00	100.00
Pain	58.52	23.57	61.00	21.00	100.00
General Health State	60.20	21.76	57.00	0.00	97.00
Vitality	62.40	22.78	65.00	15.00	100.00
Social Aspects	58.50	28.12	50.00	12.50	100.00
Emotional Aspects	<b>49.33</b>	42.08	33.33	0.00	100.00
Mental Health	64.96	21.80	68.00	0.00	92.00

**Table 2 – Spearman correlation coefficients between ICIQ-SF and SF-36 scores, according to SF-36 components**



<b>SF-36 components</b>	<b>ICIQ-SF score</b>	<b>P-value</b>
Functional Capacity	0.32959	0.1076
Physical Aspects	0.19290	0.3556
Pain	-0.29736	0.1489
General Health State	-0.19013	0.3626
Vitality	-0.16757	0.4234
Social Aspects	-0.26271	0.2045
Emotional Aspects	0.28710	0.1641
Mental Health	-0.12421	0.5542

# Table 3 – Means of SF-36 scales in different groups



<b>SF-36 components</b>	<b>Men with UI (present study)</b>	<b>Men and women with rheumatoid arthritis (Cicconeli et al, 1999)</b>	<b>Healthy population – city of Sao Paulo, Brazil (Kimura et al, 2002)</b>
Functional Capacity	62.92	66.50	87.7
Physical Aspects	56.00	59.50	83.3
Pain	58.52	63.96	73.8
General Health State	<b>60.20</b>	<b>68.22</b>	<b>75.1</b>
Vitality	62.40	66.30	67.6
Social Aspects	<b>58.50</b>	<b>87.00</b>	<b>78.5</b>
Emotional Aspects	<b>49.33</b>	<b>66.66</b>	<b>77.1</b>
Mental Health	64.96	70.32	73.4



# Discussion



- ➔ **UI affects the QoL as is demonstrated by the specific and generic questionnaires**
- ➔ **SF-36 scales: the means are similar to the values presented by patients with rheumatoid arthritis, however with higher effects on social and emotional aspects, and worse when compared with a healthy population**



# Discussion



- ➔ **The UI can be completely acceptable by a man as an expected prostatectomy result, but to others, the anxiety due the urinary leakage limits social contact (Reeve, et al, 2006)**
- ➔ **44% presented the maximum score in the ICIQ-SF, meaning that they leak a great volume of urine, all the time, and perceived that the urinary leakage had a great impact on daily life**



# Discussion



- ➔ **Men who use one pad a day and complain of occasional dribbling do not have their QoL affected to the same extent as those that require two or more pads (Sacco et al, 2006)**
- ➔ **The urinary dribbling, mainly among the patients that use pads, has a more significant effect than the lose of sexual function (Fowler et al., 1995)**



# Discussion



- ➔ **The models to organize data and research results related to UI must be holistic, as this disease causes impact on social, psychological and physiological domains (Broome, 2003)**
- ➔ **Most studies evaluate the impact of UI on QoL of women; the present study demonstrates that men must be listened to**
- ➔ **Studies like the present one should offer more knowledge on the suffering of these men and contribute for the best individualized care**



# Conclusion



- ❖ **The results adequately show the extent of the negative impact of UI after prostatectomy on the QoL of these men**
- ❖ **The preparation of the patient before surgery and their follow-up until complete adaptation as to the possible side effects is recommended and must represent the primordial task of the multiprofessional staff**