CONTINENCE RATE FOLLOWING NERVE SPARING (NS) RADICAL PROSTATECTOMY (RP): 5 Yr. FOLLOW-UP
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The reported true and stress incontinence rates following RP vary considerably depending on age and institution. Baseline and follow-up data from 152 patients (mean age 64.06 ± 6.72) who underwent RP (1994-1998) were obtained. The mean F/U was 7.8 ± 1.3 yr.; and median PSA was 8.7. Outcome analysis included: pre-operative PSA levels, nerve-sparing status (bilat-NS, unilat-NS, non-NS), age (<65 yr. or >65 yr.) and the current QOL (on the Linkert scale of 0-6). Overall, the true and stress only incontinence (IC) rates were 17.7% (27/152) and 11.4% (17/152), respectively. When stratified by nerve-sparing status, the true and stress only IC rates for BNS was 9%, 3.1%; UNS 12%, 12% and NNS 29.5%, 20%. True and stress IC rates were significantly higher in NNS group (18/61) compared to BNS group (6/66) (P<0.05). No difference in the true and stress IC rates between the other two groups (BNS vs. UNS; UNS vs. NNS) was seen (P>0.05). In regaining urinary control (defined as pad free), continence was achieved in 35/152 (23.1%) at the end of 1 month, 77/152 (50.1%) at 3 months, 106/152 (69.8%) at 6 mo. and 115/142 (75.7%) at 12 months. The association between the age and true IC was significant (P <0.05): <65-yr. (7/75) vs. > 65 yr. (20/77). The association between pre-operative PSA levels and true IC was nearly significant P= 0.053, (incontinence group - PSA 8.75, continence group- PSA 5.9). Regarding the QOL, 84.8% (129/152) patients were "mostly satisfied", 11.2% (17/152) had "mixed satisfaction" and only 4% (6/152) were "mostly unsatisfied". NS-RP significantly improves the long term true and stress incontinence rates after RP. Younger patients (< 65) with lower PSA levels are more likely to regain total continence after RP.