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Should we change how to assess early continence after rhabdosphincter reconstruction in patients undergoing robotic prostatectomy?

Results of a randomized controlled trial

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Background: Urinary incontinence is the adverse effect with more impact on patient's quality of life after undergoing radical prostatectomy

Objective: We performed a randomized clinical trial comparing early continence rates in patients undergoing urethrovesical anastomosis with or without periprostatic reconstruction.

Material and Methods: **NCT03302169**

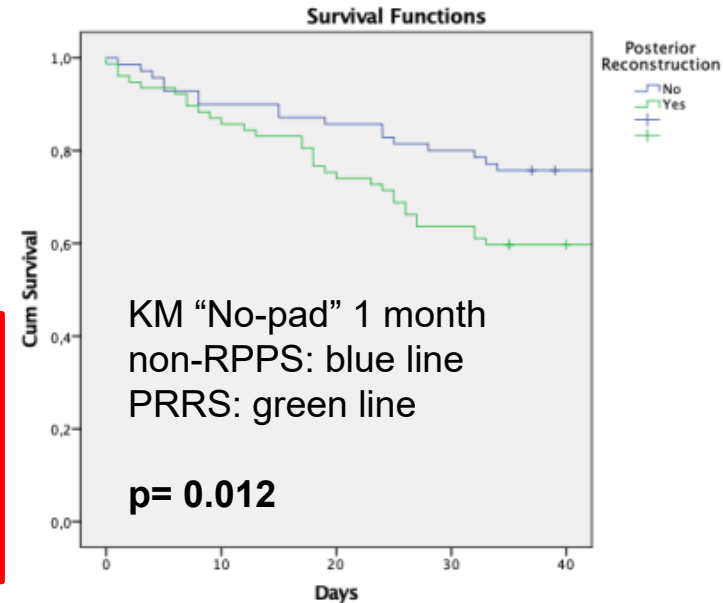
- RARP followed by running vesicourethral anastomosis or posterior reconstruction of the rhabdosphincter (PRRS)
- Continence outcomes were assessed by time to have no leakage (**dry pad first date**), 24-hour pad weights and time until stop using pad/any protection (**pad 0 first date**), ICIQ-SF, EPIC26 and IPSSquestionnaires

Results

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	Non-PRRS	PRRS	P value
Days to dry pad, p50	49 (14-116)	23 (9,5-75,5)	0,08
Days to no pad, p50	81 (26,5-141)	34 (17,8-81,8)	0,012

At the multivariate analysis PRRS as the only independent predictor of dry pad status and use of any protection at 1 month (pad 0), $p=0.03$



Conslusions

- **PRRS showed a clear benefit in early urinary continence**
- To determine **the date of dry pad and pad 0** seems to be **more reliable** than apply validated uestionnaires in established time frames in order to assess continence status after radical prostatectomy