



MP67-14 PRE-OPERATIVE PELVIC FLOOR ENDURANCE ASSESSMENT MAY ALLOW PREDICTION OF EARLY RETURN TO CONTINENCE AFTER RADICAL PROSTATECTOMY

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Introduction and Methods

- It has been challenging to identify predictors of early return to urinary continence after radical prostatectomy (RP)
- We sought to evaluate the association between pre-operative pelvic floor physical therapy (PFPT) parameters and early return of continence after robotic RP
- Data was obtained at pre-operative PFPT with biofeedback consultation and 3-month patient-reported quality of life evaluation using EPIC-CP
- Outcome: Urinary continence at 3 months, defined as using 0 or 1 urinary pads per day

Results and Conclusions

	Adjusted OR (95% CI)	p-value
Age	0.96 (0.89,1.03)	0.25
BMI	0.94 (0.86,1.04)	0.23
D'Amico risk classification for prostate cancer		0.54
Low Risk (ref)	--	--
Intermediate Risk	0.81 (0.22,2.78)	--
High Risk	0.50 (0.11,2.08)	--
Nerve Sparing		0.45
Bilateral Non-Nerve Sparing	0.52 (0.09,2.78)	--
Unilateral/Bilateral Complete or Partial Nerve Sparing (ref)	--	--
Prostate Weight	0.98 (0.96,1.00)	0.036
Pelvic Floor Resting Tone (microV)	1.06 (0.82,1.36)	0.64
Pelvic Floor Working Tone (microV)	0.98 (0.94,1.03)	0.45
Pelvic floor endurance		
Yes	2.70 (1.23,6.25)	0.015
No (ref)	--	--
Dominant Hand Grip Strength (lbs)	1.01 (0.99,1.04)	0.17