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# IMPACT OF MEDIAN LOBES ON URINARY FUNCTION AFTER ROBOTIC RADICAL PROSTATECTOMY

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## Objective

The presence of an enlarged median lobe (ML) presents a technical challenge and may affect the outcomes of robotic prostatectomy (RP). If known, the impact of a potentially larger bladder neck on continence and the impact of preoperative chronic obstruction on postoperative urinary symptoms might aid in patient counseling regarding return of continence and other urinary symptoms after surgery. We assessed the impact of intraoperatively-identified median lobes (ML) on urinary function.

## METHODS

We reviewed our prospective RP database between 2013-2020. AUA symptoms scores (AUA-SS) were assessed preoperatively and at one, three, and six months. We compared patients with and without ML (No-ML). Bladder-neck sparing was routinely performed to avoid reconstruction.

Figure 1: Continence during 6 months after radical prostatectomy

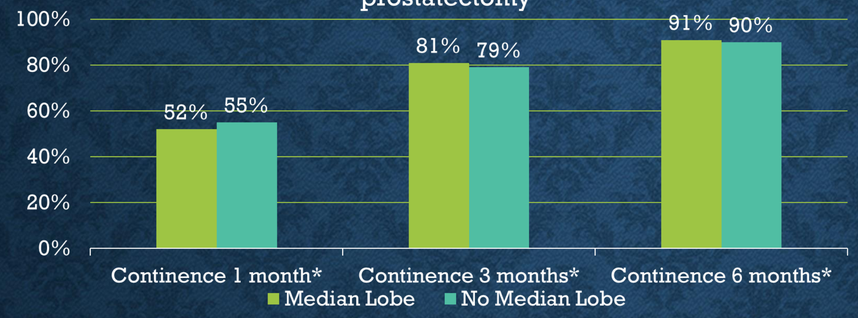


Figure 2: Baseline and Postoperative AUA SS

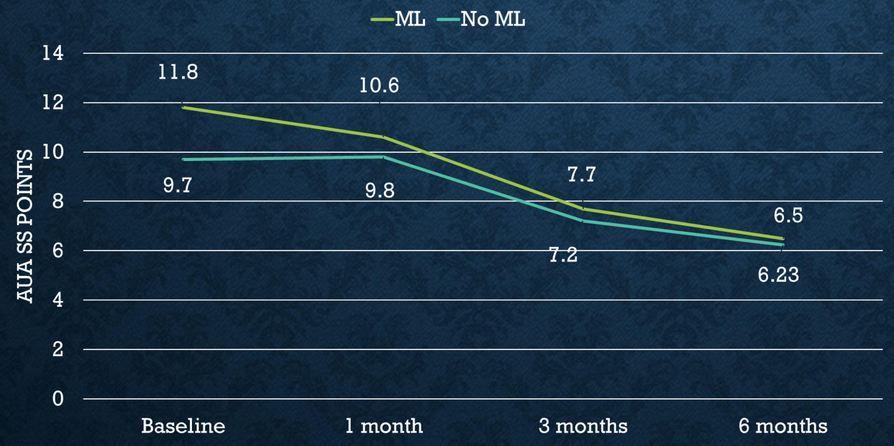


Figure 1: Continence (as defined by 0-1 pads daily) during 6 months after RALP
Figure 2: AUA-SS comparing ML and NoML patients at baseline / preoperatively and one, three, and six months postoperatively.

## RESULTS

Of 663 patients with complete data at all four time points, 202 (30.6%) had a ML. There were no statistically-significant differences in demographics, PSA, or clinical stage between ML and No-ML patients. Mean operative time was 153min with and 148min without a ML, respectively ($p<0.05$). Only two in ML group and one in NoML group required bladder-neck reconstruction (1.0% versus 0.2%). There were no immediate or long-term differences in continence rates between groups. Baseline mean AUA-SS was higher in ML patients and showed more improvement postoperatively (-5.3 versus -3.47, <0.05) with greatest improvement in ML patients with severe preoperative symptoms (-15.1) and no difference in AUA-SS between groups by 6 months. There was no difference in the proportion of patients with urgency symptoms before or after surgery regardless of the presence of a ML. ML patients had more urinary frequency before surgery and at 1 month after, but there was no difference between ML and No-ML patients in frequency of urination or number of nocturia episodes by 3 months.

## CONCLUSIONS

Patients with an enlarged ML do not have an increased risk of incontinence after RP but appear to benefit more from RP in terms of postoperative urinary function. Baseline urinary function is worse in patients with ML but normalizes within several months of prostatectomy such that patients with an enlarged ML can be counseled to expect overall favorable and not worse urinary outcomes.

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