

# MP 60-08 FURTHER DEFINING WHICH OUTCOMES ARE ASSOCIATED WITH PATIENT SATISFACTION AFTER URETHROPLASTY

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## I. INTRODUCTION

- *Urethroplasty success is largely reported from a surgeon perspective with multiple different measures.*
- *There is a relative dearth of research evaluating patient experience following urethroplasty.*
- *A previous study developed a Patient Reported Outcome Measure looking at voiding symptoms only. (1)*

## II. OBJECTIVE

*Determine the association between urethroplasty outcome measures and patient satisfaction.*

## III. METHODS

- *This is a prospective study assessing patient reported outcomes after urethroplasty from 2012 - 2018.*
- *Patient questionnaires were administered preoperatively and at 6 months postoperatively assessing multiple patient reported outcomes*
- *Patient Reported Outcomes Assessed Included:*
  - *Primary Outcome:*
    - *Patient Satisfaction (Likert scale 1-5)*
  - *Voiding Function and Symptoms:*
    - *Urinary Function (IPSS)*
    - *Urinary Quality of Life (0-6)*
    - *Post-Void Dribbling (1-5)*
    - *Sitting to Void (1-5)*
  - *Sexual Health and Genitourinary Pain:*
    - *Erectile Function (SHIM)*
    - *Ejaculatory function (BSFI)*
    - *Penile Appearance (1-3)*
    - *Penile Curvature (1-3)*
    - *Genitourinary Pain (1-5)*
- *Surgeon success was defined as the easy passage of a 16Fr flexible Cystoscope at 6 months.*
- *Statistical analysis:*
  - *Descriptive statistics were used to summarize findings.*
  - *Multivariate binary logistic regression was used to determine the association between outcomes and patient satisfaction.*

## IV. RESULTS

### PATIENT DEMOGRAPHICS

Overall Demographics	Result
Number of Patients	387
Mean Age (years)	49.5 (18-94)
Average Stricture length (cm)	4.5 (1-21)
% Failed Previous Endoscopic Treatment	85.0%
% Failed Previous Urethroplasty	21.2%

Figure 1: Highlights the overall patient demographics of this study.

### PATIENT SATISFACTION AND CYSTOSCOPIC SUCCESS

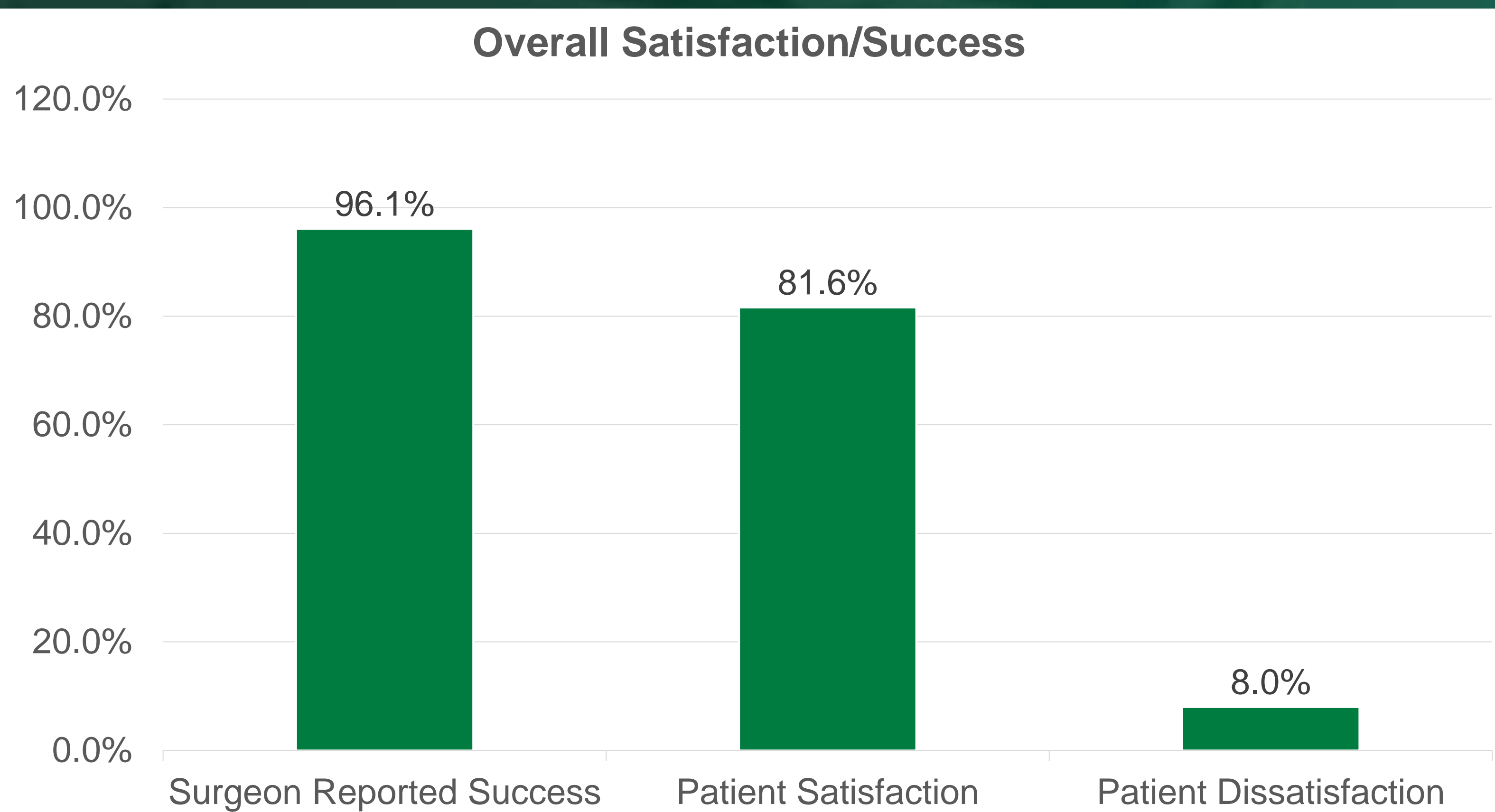


Figure 2: Surgeon reported success rates based on cystoscopic evaluation at 6 months showing urethral patency was 14.5% higher than patient reported satisfaction with surgical outcomes.

### UNIVARIATE ANALYSIS

	p-value	O.R. (95% CI)
Improved/Change in IPSS	p=0.008	1.1 (1.01-1.07)
Change in PVD	p=0.47	0.9 (0.6-1.3)
Improvement in Standing Voiding Function	p=0.003	1.3 (1.1-1.5)
Cystoscopic Success at 6 months	p=0.14	2.3 (0.8-7.0)
Change in Pain Score	p=0.50	0.9 (0.8-1.1)
De Novo Erectile Dysfunction	p<0.0001	0.3 (0.2-0.5)
De Novo Penile Curvature	p=0.001	0.3 (0.2-0.6)
De Novo Change in Penile Length	p=0.002	0.4 (0.2-0.7)
Change in Ejaculation	p=0.09	0.6 (0.3-1.1)

Figure 3: Univariate analysis of patient reported outcomes associated with patient satisfaction following Urethroplasty. Improved IPSS scores, de novo erectile dysfunction, de novo penile curvature and de novo change in penile length were all significantly associated with patient satisfaction.

## IV. RESULTS

### MULTIVARIATE ANALYSIS

	p-value	O.R. (95% CI)
Improved/Change in IPSS	p=0.04	1.1 (1.01-1.07)
De Novo Erectile Dysfunction	p=0.04	0.5 (0.2-0.9)
Change in Pain Score	p=0.14	0.8 (0.7-1.1)
Cystoscopic Success	p=0.60	1.4 (0.4-4.9)
Change in PVD	p=0.69	0.9 (0.6-1.4)
De Novo Penile Curvature	p=0.03	0.4 (0.2-0.9)
De Novo Change in Penile Length	p=0.44	0.8 (0.4-1.5)
Change in Ejaculation	p=0.51	0.8 (0.4-1.6)
Improved Standing Voiding Function	p=0.004	1.3 (1.1-1.5)

Figure 4: Multivariate analysis of patient reported outcomes associated with patient satisfaction following Urethroplasty. Improved IPSS and Improved standing voiding function were positively associated with patient satisfaction following urethroplasty (green boxes above). De novo erectile dysfunction and de novo penile curvature were inversely associated with patient satisfaction (red boxes above). Surgeon reported cystoscopic success was not associated with patient satisfaction (grey box above).

## V. CONCLUSIONS

- **Discrepancy exists between the surgeon reported experience and the patient reported experience following Urethroplasty with regards to satisfaction/success.**
- **Improved voiding function and improved standing voiding function are independently associated with patient satisfaction after urethroplasty and suggest that improvement in overall voiding function is important to patient satisfaction with Urethroplasty.**
- **De novo penile curvature and de novo erectile dysfunction are inversely associated with patient satisfaction suggesting that maintenance of sexual function is important to patients.**
- **These measures should likely be incorporated into any patient centered approach to urethral stricture.**
- **Cystoscopic success although potentially of interest from a surgeon perspective is not associated with patient satisfaction.**

## VI. REFERENCES

1. Jackson MJ, Sciberras J, Mangera A, Brett A, Watkin N, N'Dow JMO, et al. Defining a Patient-Reported Outcome Measure for Urethral Stricture Surgery. *European Urology* 2011;60(1):60-68.