New protocols for a faster return to continence and quality of life following radical prostatectomy

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Introduction:
Post-Prostatectomy Incontinence (PPI) is a major quality of life (QoL) issue following Radical Prostatectomy (RP), affecting 69-98% of patients (¹). Pelvic floor muscle (PFM) training for PPI is considered a first line approach to rehabilitation but specific protocols for recommendation remain elusive (²). Efficacy may have been compromised by insufficient PFMT training methods for men, including incorrect anatomical focus, training position, exercise dosage and the lack of fast twitch muscle fibre recruitment (³⁴).

Aims:
Commingling 4-6 weeks pre-operatively, and utilising both fast and slow twitch fibre training performed in standing, new protocols were developed to address clinical presentations with aims to reduce PPI severity, duration and QoL.

Comparisons to ‘usual care’ PFMT pre and post-rehabilitation were assessed utilising both subjective and objective outcome measures.

Methods:
A randomised controlled trial of 97 men undergoing radical prostatectomy (RP) were allocated to either a control group (n=47) performing ‘usual care’ of 3sets/day PFMT, or an intervention group (n=50), performing 6 sets/day in standing, commencing 5 weeks prior to RP and continuing for 12 weeks following catheter removal. Participants were assessed pre-operatively and at 2, 6 and 12 weeks post-RP using 24 hour pad weights, IPSS, EPIC-CP and recently validated real time ultrasound (RTUS) measurements of PFM function (⁶⁻⁹).

Results: Pelvic Floor Muscle Tests via RTUS

<table>
<thead>
<tr>
<th>Time of Assessment</th>
<th>Control</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>1 week post-RP</td>
<td>10 SLOW (1sec)</td>
<td>10 FAST (1sec)</td>
</tr>
<tr>
<td>6 weeks post-RP</td>
<td>30 SLOW</td>
<td>10 FAST</td>
</tr>
<tr>
<td>12 weeks post-RP</td>
<td>40 SLOW</td>
<td>10 FAST</td>
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Conclusions:
Utilising a HIGH intensity pelvic floor muscle exercise intervention protocol commencing 6 weeks PRIOR to RP and performed in standing postures, PPI can be REDUCED in TIME and SEVERITY with LESS leakage from the outset, IMPROVED QoL outcomes & FASTER integration of PENILE REHABILITATION. Patients, their medical team & caregivers all benefit.

References:

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