

## Independent predictors of early and late continence after robot-assisted radical prostatectomy. A single-institution experience

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**Introduction & Objectives:** Several factors are involved in the recovery of urinary continence after radical prostatectomy. We aimed to assess predictive factors of continence in patients with prostate cancer undergoing RARP (robot-assisted radical prostatectomy).

**Materials & Methods:** We retrospectively reviewed data of subjects who underwent RARP for prostate cancer at our Department from January 2019 to December 2019. Patients and tumours characteristics were collected in a prospectively maintained database. All procedures were performed by a single well trained surgical team. Continence was defined as no pad use at 1 week (early continence) and 6 months (late continence). All the factors that might affect urinary continence were included in a logistic regression model [age, BMI (Body mass index), diabetes, hypertension, prostatic volume (cut-off 50 cc), nerve-sparing technique (mono and bilateral), bladder neck preservation, Gleason score, clinical stage (pT2-pT3), surgical margins, pelvic lymphadenectomy (PLND), posterior reconstruction (Rocco stitch), duration of indwelling catheter, urine leakage, early post-operative PFMT (pelvic floor muscle training)]. A p-value less than 0.05 was considered statistically significant.

**Results:** Multivariate analysis showed that prostatic volume >50 cc ( $p=.022$ ), clinical stage pT3 ( $p=.004$ ) and pelvic lymphadenectomy ( $p=.016$ ) were negatively associated with early continence. Instead, the Rocco stitch was an independent positive predictor of immediate continence ( $p=.029$ ). At 6 months, BMI was negatively associated with continence ( $p=.026$ ) while patients whose underwent early post-operative PFMT were more likely to obtain continence ( $p=.008$ ).

**Conclusions:** The current study has shown that prostatic volume, clinical stage pT3, PLND and the Rocco stitch are the significant determinants of continence in the early stage while BMI and early post-operative PFMT are factors influencing late continence. Prostatic volume could influence incontinence due to a subclinical bladder dysfunction related to benign prostatic hyperplasia that is unmasked by surgery. As a consequence, these parameters could be used to identify patients at high risk for urinary incontinence and providing realistic probabilities of post-operative continence.