

EDITORIAL COMMENT

The present study prospectively evaluates 88 consecutive men undergoing RARP followed for a mean of 7.6 months. Urinary continence and predictors of earlier outcomes was sought. Significant findings included a younger age, a lower preoperative IPSS score were associated with continence at 6 weeks following surgery. Higher age (OR = 0.91, $p < 0.01$) and higher IPSS scores (OR = 0.28, $p = 0.03$) were associated with decreased odds of achieving continence at 6 weeks. The presence of coexisting disease was not predictive of continence return. After adjusting for comorbidity, BMI, nerve sparing, and IPSS score, only age remained as an independent predictor of early continence (OR = 0.90, $p = 0.04$). Such findings further support the current published literature on RARP urinary functional outcomes. Unfortunately, the follow up was not long enough to assess longer outcomes at 1 year.

Previously, Mendiola et al reported the impact of age on RARP continence outcomes.¹ A total of 300 patients with > 1 year follow up were evaluated with validated questionnaires. Assessments were performed preoperatively, and at 1, 3, 6, and 12 months following surgery. The three age groups included 21, 129, and 150 patients aged < 50, 50-59, and > 60 years old, respectively. Using Kaplan-Meier curves, younger men achieved continence (defined as 0 to 1 safety pad a day) significantly earlier than older age groups when age groups were compared using a 60-year-old cut off point ($p = 0.02$). However, continence was noted to be equal among all age groups after 1 year of follow up. It would be interesting to know if the present paper's patients also experienced a catch-up effect with longer follow up.

Recently, Shikanov et al have assessed the probability of achieving continence following RARP in elderly patients (> 70 years old).² The study cohort included 1436 RARP cases performed at the University of Chicago between 2003 and 2008. Continence (pad-free) status at baseline and 1 year after surgery were evaluated by the UCLA-PCI questionnaire. Among the cohort, 77 (5%) men were 70 years old or older. Age (OR = 0.97, $p = 0.002$), baseline I-PSS (OR = 0.98, $p = 0.02$) and Sexual Health Inventory for Men scores (OR = 1.02, $p = 0.005$) were independently associated with being pad-free. Predicted probabilities (95% CI) of postoperative 1 year continence at age 65, 70 and 75 years were 0.66 (0.63, 0.69), 0.63 (0.57, 0.68) and 0.59 (0.52, 0.66), respectively. In their experience, there appears to be an acceptable probability of achieving continence and potency after robotic radical prostatectomy in well-selected elderly patients.

As the current authors conclude, patient age remains the strongest predictor of early return of continence following radical prostatectomy (RP). Such a factor should be used in counseling prior to surgery to meet realistic patient expectations. As a urology community, we should continue to strive for surgical techniques such as posterior reconstruction³ and local hypothermia⁴ to help improve earlier and sustained post-RP urinary outcomes, particularly in those with higher risk features.

References

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