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Patient-Reported Urinary Incontinence and Erectile Dysfunction Following Radical Prostatectomy: Results from the European Prostate Centre Innsbruck

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Abstract

Introduction: Urinary and erectile functions were assessed by using self-administered validated questionnaires in patients undergoing radical prostatectomy. **Materials and Methods:** In a prospective observational study, a total of 253 consecutive patients diagnosed with clinically localised prostate cancer between 2008 and 2009 at the European Prostate Centre Innsbruck were included. Patient-reported outcomes were assessed before radical prostatectomy and 12 months postoperatively using the validated International Consultation on Incontinence Questionnaire (ICIQ) and the International Index of Erectile Function (IIEF). The Wilcoxon signed-rank test and Chi square statistics were used for analysis. **Results:** The study showed that before radical prostatectomy, urinary incontinence of various severity grades was reported in 18.8, postoperatively in 63.0% ($p < 0.001$) and erectile dysfunction of various degrees was reported in 39.6 at baseline compared to 80.1% 12 months postoperatively ($p < 0.001$). **Conclusions:** This study suggests that radical prostatectomy is associated with a significantly increased risk of urinary incontinence and erectile dysfunction 12 months postoperatively.

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Patient-Reported Urinary Incontinence and Erectile Dysfunction Following Radical Prostatectomy: Results from the European Prostate Centre Innsbruck

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Key Words

Erectile dysfunction · Prostatectomy · Prostatic neoplasms · Urinary incontinence

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Introduction

Prostate cancer is the most frequently diagnosed cancer in men in Austria and is estimated to account for 24% of all new male cancer cases in 2010 [1]. Large increases in the incidence of prostate cancer were observed in many Western countries soon after the introduction of prostate-specific antigen (PSA) testing in the early 1990s [1, 2]. In Austria, especially in the State of Tyrol, PSA testing has been offered free of cost to all men aged 45–75 since 1993 within the framework of the Tyrol Prostate Cancer Demonstration Project [3]. In the last years, there has been exceptional interest worldwide in scientifically proven evidence showing whether PSA testing reduces prostate cancer mortality and whether mortality-related benefits outweigh the potential harms of PSA testing. A recent analysis of the time trend for prostate cancer mortality in the population of Tyrol since the introduction of

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