

TRANS VESICAL PROSTATECTOMY; JUDGING THE SYMPTOMS SEVERITY AND QUALITY OF LIFE

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Objectives: To determine the effectiveness of prostatectomy in reducing symptom severity and quality of life. **Design:** A prospective study. **Setting:** Urology department civil hospital Dadu. **Period:** 2005 to 2007. **Patients & methods:** 100 men under going prostatectomy were assessed using the American urological Association (AUA) symptom index score and quality of life. The adverse events like urinary incontinence, erectile dysfunction and retrograde ejaculation also detected. The outcome was assessed after 3 month of prostatectomy. **Results:** Prostatectomy was effective in reducing symptoms. Initial mean IPSS was 25 and reduced to 7 with p value < 0.001. Quality of life also assessed which showed majority of cases were mostly satisfied. Adverse events like transient incontinence 10%, retrograde ejaculation in 65% and erectile dysfunction in 25% respectively. **Conclusion:** Prostatectomy is effective in reducing symptom severity and improve quality of life which was detected by IPSS and quality of life questionnaire.

Key words: Prostatectomy, AUA Symptom Score and Quality of Life.

INTRODUCTION

BPH has been known for several centuries to be a cause of urinary dysfunction. It has mentioned in the Egyptian papyri as early as 1500 BC and was discussed by Hippocrates 1000 years later¹. A recent study of aging among normal volunteers found a 51% clinical incidence of BPH in men 60 to 69 years. Symptoms of BPH may be thought of as obstructive in nature^{1,2}. Boyasky and coworker in 1972 devised a questionnaire to quantifies the severity of BPH symptoms in patients. In 1992, the American Urological Association (AUA) developed a new symptom score and quality of life questionnaire that help to judge the symptom severity before and after prostatectomy. The AUA symptom score is the single most important criterion for therapy consists of 7 questions. Each of which have a score of 0 to 5. For score below 7, watchful waiting is recommended in the absence of complications. Men who present with moderate (8-20) to severe (21-35) scores usually needs therapy^{1,3}. Much of the published work has concentrated to measure symptom severity and quality of life pre and

post prostatectomy for judging the effectiveness of prostatectomy.

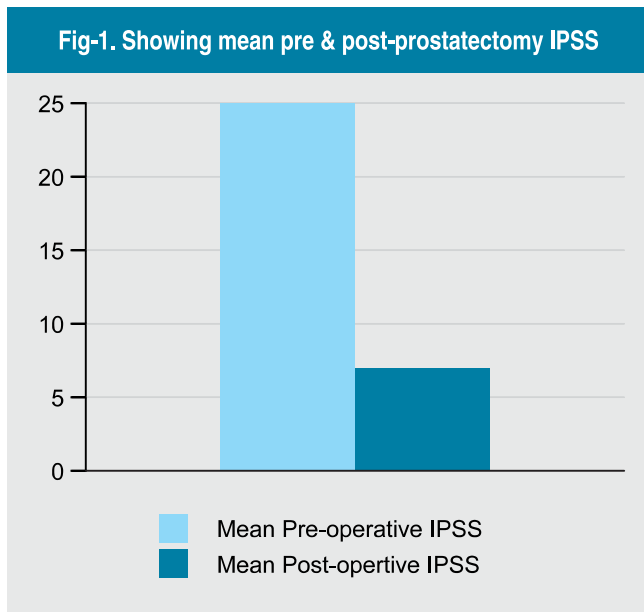
PATIENTS AND METHODS

A prospective study was performed in Urology Department Civil Hospital Dadu which comprised 100 men under going prostatectomy during 2005 to 2007. Prostate grader than 60 grams, prostate associated with vesical calculi, diverticula's and bilateral hydronephrosis and hydronureter are included in study. Patients having Diabetes Mellitus and suspicious of Ca Prostate are excluded from study. Patients were assessed using the American urological Association (AUA) symptom index score and quality of life (Fig 1,2). The experience of the patients following surgery pre and post were recorded. The occurrence of adverse events like urinary incontinence, erectile dysfunction and retrograde ejaculation also detected (Fig3). The outcome was assessed after 3 month of prostatectomy.

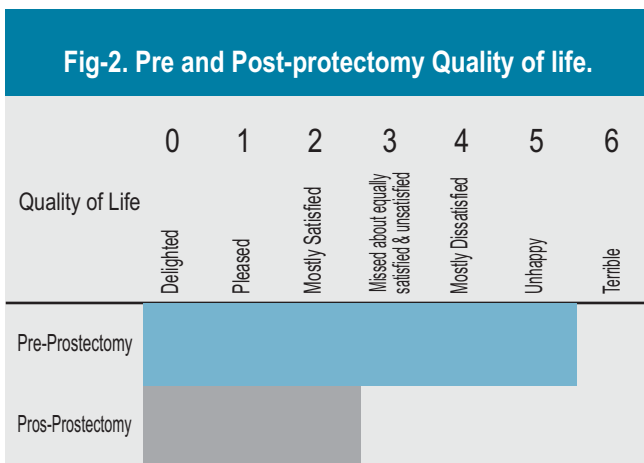
RESULTS

Prostatectomy was effective in reducing symptoms.

Initial mean IPSS was 25 and reduced to 7 with p value 0.001 (Fig 1).

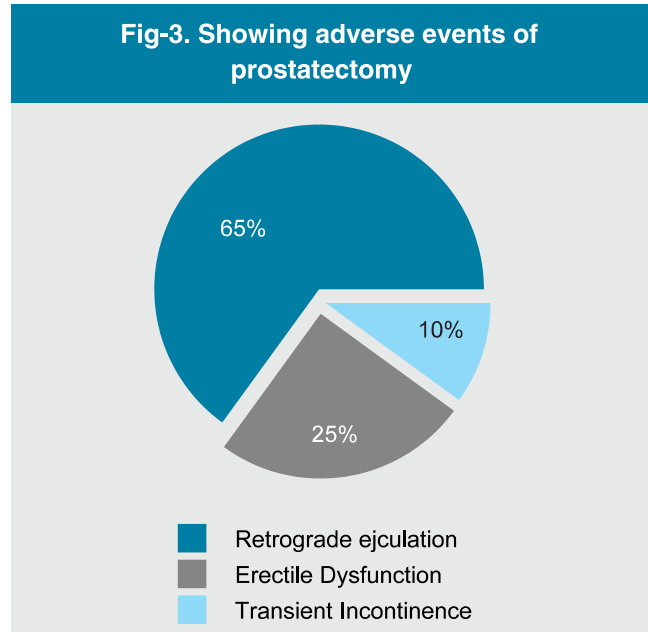


Quality of life also assessed which showed majority of cases were mostly satisfied (Fig 2). Adverse events like transient incontinence 10%, retrograde ejaculation in 65% and erectile dysfunction in 25% respectively (Fig 3).



DISCUSSION

Symptomatic benign prostatic hyperplasia (BPH) is one of the commonest causes today of men presenting with lower urinary tract symptoms. We can find this in 50% of men over the age of fifty^{2,4}. If BPH is not treated, then one can expect that the disease will progress in a significant number of individuals. What we need to do is try to predict based on certain baseline parameters such as



International Prostate Score (IPSS), prostate volume, the degree of bother and quality of life⁵. In this regards Boyasky and coworker in 1972 devised a questionnaire to quantify the severity of symptoms. In 1992, AUA symptom score while International prostatic symptom score add quality of life index. Both sameness and health related quality of life (HRQOL), Symptom problem index and BPH impact index(BII)^{4,5}. To reduce question burden we created self-administered quality of life questionnaire and AUA symptom score pre and post prostatectomy to detect the effect on symptom after prostatectomy.

Prostatectomy was effective in reducing symptoms. Initial mean IPSS was 25 and reduced to 7 with p value < 0.001. Quality of life also assessed which showed majority of cases were mostly satisfied which is comparable to M. Emberton et al, Prez et al, Nickel et al^{1,2,8}. Adverse events like transient incontinence 10% which improved after one month, retrograde ejaculation in 65% and erectile dysfunction in 25% which is more common in above 60 years age. O, teary et al and Nickel et al studies showed comparable to our study^{8,10}.

CONCLUSION

Prostatectomy is effective in reducing symptom severity and improve quality of life which was detected by IPSS and quality of life questionnaire.

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*In these troubled economic times
remember to beware of little expenses,
a small leak will sink a great ship.
Wasteful spending can sink
a great organization.*

Reed Markham, American educator