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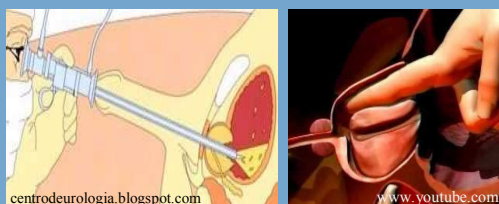
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## Introduction

Benign Prostatic Hyperplasia (HBP) is the most common prostate problem for men older than 50, leading to many consultations and demanding treatment.

When patients are not longer responding to alpha-blockers or 5-alpha reductase inhibitors, or there are contraindications for using those drugs, the surgical approach may be recommended.

The prostate can be removed by transurethral resection or open prostatectomy, including both Millin (retropubic) or Freyer (transvesical) techniques.



## Purpose

To recognize the proportion of patients with urinary incontinence after prostatectomy either Freyer's and Millin's open techniques or transurethral prostatectomy whom required physiotherapy with biofeedback of pelvic floor.

## Methods

740 patients underwent prostatectomy between March 2007 and December 2013.

We differentiate three groups:

- Group A (n=439): Freyer's technique was performed;
- Group B (n=110): Millin's technique was performed,
- Group C (n=191): transurethral prostatectomy (TUP) was performed.

### VARIABLES

IPSS before and after surgery, continence, LUTS, PSA, prostatic weight and volume, pathologic result were studied; visit one month after prostatectomy, telephonic follow-up survey for each patient was performed. Every patient with urinary incontinence in the visit of one month after prostatectomy was treated with physiotherapy.

### STATISTICAL ANALYSIS

Descriptive statistics, Student's t-test and Fisher exact test.

$p < 0.05$  was accepted as significant.

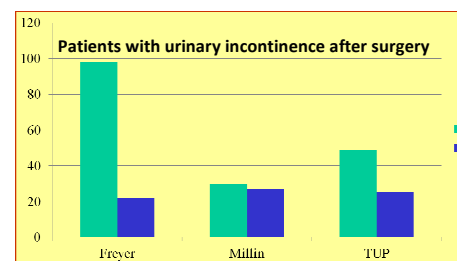
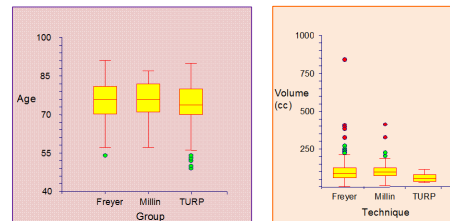
## Results

Median age 71.39 years (range 49-92).

No differences between groups in the following variables:

- prostatic weight ( $p=0.2438$ ), median 82.65grs (37-395);
- prostatic volume ( $p=0.3259$ ), median 106.62cc (39-445);
- PSA ( $p=0.2932$ ), median 6.92ng/ml (0.09-32);
- satisfactory results ( $p=0.4902$ );
- permanent UI after surgery ( $p=0.3865$ );
- temporary UI after surgery ( $p=0.6598$ );
- bladder neck sclerosis ( $p=0.9132$ ),
- persistent LUTS ( $p=0.3942$ );

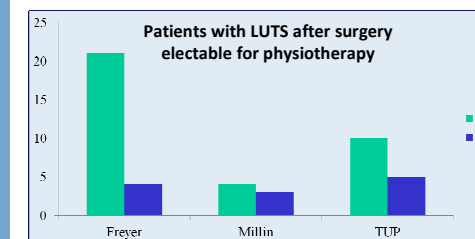
Incidental ADC was found in 14.59%.



## Discussion & Conclusions

Urinary incontinence after benign prostate surgery depends on multiple factors, including the pelvic floor muscles' condition before surgery and the injury of the urinary sphincter.

It is sensible to train these muscles when patients are still incontinent one month after surgery.



## Recommendations

Physiotherapy of pelvic floor should be considered in incontinent patients after prostate surgery for a quicker recovery.

It also may improve LUTS after surgery.

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