

PE16 Can we predict patients who will have optimal potency outcome post robotic-assisted laparoscopic radical prostatectomy (RALP)?

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Bhat K.R.S¹, Onol F.F.¹, Moschovas M.¹, Rogers T.¹, Jenson C.¹, Rocco B.², Patel V.¹

¹Global Robotics Institute, Dept. of Urology, Celebration, United States of America, ²University of Modena, Dept. of Urology, Modena, Italy

Introduction & Objectives:

Postoperative potency affects trifecta and pentafecta outcomes following robot-assisted laparoscopic prostatectomy (RALP). We aimed to determine the group of patients who have optimal potency outcomes following RALP.

Materials & Methods:

We retrospectively analysed all men that underwent RALP between January 2008 to December 2016 with 12 months follow up based on age, preoperative SHIM (>21 as Erectile dysfunction), 17- 21 as mild ED and <17 as no ED) and the nerve sparing in them with potency was performed. The degree of nerve sparing was graded as full nerve sparing (FNS) with more than 95% of nerves spared, partial (PNS) was between 50-95% of nerves spared and non-nerve sparing (NNS) is less than 50% nerves spared. Data of 5766 patients were available for analysis. Potency outcomes were compared in subgroups based on age, preoperative SHIM score, and degree of nerve sparing.

Results:

The median age was 62 years. Preoperatively, 46.7% of patients had erectile dysfunction (ED). Overall postoperative potency, trifecta and pentafecta rates were 63.1%, 55.5% and 46.86%. respectively. For each age group and preoperative erectile function category, patients with FNS had better outcomes than partial nerve sparing PNS (Table 1). Patients <55 years with no pre-operative ED and full nerve sparing had highest potency rates post-operatively Irrespective of age, patients with non-nerve sparing technique had poorest potency rates. (Table 1).

Table No 1: - Potency outcomes at 12 months on patients grouped on age, preoperative SHIM and Nerve sparing.

Sub groups	< 55 years	P value	55-65 years	P value	>65 years	P value
	Potency (%)		Potency (%)		Potency (%)	
No ED with full nerve sparing	580 (95)	0.003	682 (90.8)	0.000	220(79)	0.000
No ED with partial nerve sparing	303 (90.4)		480 (80)		262(61)	
Mild ED with full nerve sparing	131(86.2)		290 (77.5)		133(68)	

Mild ED with partial nerve sparing	94 (82.5)	0.048	237(72)	0.000	233(59)	0.000
ED with full nerve sparing	49 (81.7)		133(76.4)		81(64.8)	
ED with partial nerve sparing	48 (72.7)	0.030	165(67.6)	0.000	202 (60)	0.008
Total	1205		1987		1131	

Conclusions:

Among the subgroups of with similar age and preoperative sexual function a FNS has better potency outcome in comparison with PNS and hence be offered to all patients irrespective of their preoperative sexual status, without compromising the oncological outcomes.