examination on frozen section was performed to assess the absence of tumour invasion at the level of the junction between prostate and SV. One month after surgery all pts started sexual rehabilitation with 5-phosphodiesterase inhibitors.

Results:

Neck sparing SSRP was feasible in all patients. Medium follow-up is 37 months (range 19-93). Pathological stage was pT0 in 1/71 pts (1%), pT2 in 58/71 pts (82%), pT3 in 12/71 pts (17%). 10/71 pts (14%) had a positive surgical margins (4 pT3, 6 pT2). Histological examination on frozen sections showed no cancer infiltration at the junction between prostate gland and SV. 4/71 pts (5.6%) had PSA release (medium time 43.7 months), all pts received adjuvant radiotherapy and PSA decreased in all pts at <0,2 ng/ml. 60/71 pts (85%) maintained sexual function, 40/60 pts (67%) without use of 5-phosphodiesterase inhibitors. Median and medium time of recovery sexual function were 8.5 months. 42/60 pts (70%) with normal sexual intercourse, referred good ability to achieve orgasm. 68/71 pts (96%) were continent after median time to 3 months.

Conclusion:

The SSRP showed good feasibility and improved early continence, erectile function and orgasm quality.

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URETHRAL PRESERVATION AND ANASTOMOTIC TECHNIQUE DURING OPEN ANTEGRADE RADICAL PROSTATECTOMY: FUNCTIONAL AND ONCOLOGICAL RESULTS

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Aim of the study:

The aim of the study is to present our technique of urethral preservation and vesico-urethral anastomosis during open antegrade radical retropubic prostatectomy (ARRP) in a series of 936 consecutive patients (pts) evaluating functional and oncological outcome.

Material and methods:

From January 2000 to December 2008, 936 pts underwent radical prostatectomy for clinically localized prostate cancer. Mean age (range) was 65.2 (42 78) years. The first step of our technique is the dissection of vesico-prostatic junction preserving completely the bladder neck. Once posterolateral neurovascular bundles are dissected or resected, cranial traction of the completely mobilized prostate allows an excellent visualization of the apex and urethral sphincter; at this point urethra can be transected at its origin from prostatic boundaries. Vesico-urethral anastomosis is created using four sutures of 3/0 Polysorb® around a Foley 18 Fr catheter after mucosal eversion of bladder neck and its approximation to the posteroinferior margin of detrusor and perivesical fascia. Catheter is usually removed on postoperative day 10.

Results:

Mean follow-up (SD, median, range) was 54.7 months (27.6; 51; 16 121). Of the 936 pts, 55 (5.9%) with lymph nodes metastasis at definitive histopathological examination were addressed to early adjuvant therapy and excluded from survival analysis. Tumoral involvement of apex was found in 625/881 (70.9%) cases, while apical positive surgical margins were discovered in 42/625 (6.72%) pts. Of those, 15 (35.7%) developed biochemical recurrence. Overall 892 (95.3%) pts completely fulfilled our continence criteria (no pads) at a minimum follow-up of 12 months; 16 (1.7%) pts developed mid stress incontinence (1 pad/die), while 22 (3.0%) pts used 2-3 pad/die. Continence rates obtained at catheter removal and at 1,3,6,12 months were 54.9% (514/936), 73.5% (688/936), 87.5% (819/936), 93.8% (878/936) and 95.3% (892/936) respectively. Overall 4 pts (0.4%) developed anastomotic contracture at mean 6.5 (5-9) months: of those, 2 pts were non nerve-sparing radical prostatectomized, 1 monolateral and 1 bilateral nerve-sparing (p=NS). All those pts were treated by endoscopic cold incision of anastomotic stricture: 1 pts developed mid urinary incontinence after endoscopic treatment; at a mean follow-up of 27.7 (15-47) months 3 patients were continent and without signs of obstruction at uroflowmetry.

Conclusion:

Our antegrade technique allows an excellent definition of prostatic apex preserving the striated sphincter and saving the maximum of urethra with low risk of leaving prostatic tissue in situ. Contextual respect of anatomical boundaries of bladder neck and the mucosal eversion in creating anastomosis were found to be fundamental in prevention of anastomotic contracture.

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INFLUENCE OF SERIC TESTOSTERONE ON BOTH URINARY CONTINENCE AND SEXUAL POTENCY IN PATIENTS TREATED WITH RADICAL PROSTATECTOMY FOR LOCALIZED PROSTATE CANCER

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Aim of the study:

Aim of present study was to evaluate how serum testosterone (T) can affect urinary continence and erectile function in patients undergoing radical prostatectomy (RP).

Material and methods:

We included 257 patients with clinically localized-PCa,preoperative QOL questionnaires (UCLA-PCI,IIEF),T and tPSA.We calculated correlations between T and age,BMI,PSA,urinary function/bother (UF,UB) and sexual function/bother (SF,SB) and IIEF-5 in the whole population and in sub-populations with normal (≥10.4nMol/L) and low (<10.4ng/mL) T level with Pearson and Spearman correlation coefficient.We evaluated differences in these parameters between patients with low and normal T with unpaired samples T-test and a Mann-Withney-Test,and finally the correlation between UF and SF,UB and SB,and between PSA and T in the overall population and separately in the patients with low and normal T with a Pearson correlation coefficient.

Results:

Mean preoperative-T was 13.5nMol/L and 23.7% of patients presented a low T. Mean age, mean BMI and mean preoperative tPSA at RP were 64.3 years,25.9 and 9.0ng/ml respectively. BMI resulted negatively correlated with T in the overall population (r=-0,266;p=0.02); moreover, patients with normal T presented lower BMI compared with patients with low T(25.7vs27.6;p=0.02). We found a significant correlation between SF scores and T in patients with normal T (r=0,1777;p=0.05). SF resulted significantly higher in patients with normal T compared with patients with low T (74.8vs64.8;p=0.05). Furthermore, UF and UB resulted significantly