

Bölüm 3.2.6.2

RADİKAL PROSTATEKTOMİ SONRASI ÜRİNER KOMPLİKASYONLAR

Metin SAVUN¹

| GİRİŞ

Radikal prostatektomi (RP) sonrası sıklıkla görülen üriner komplikasyonlar; üriner inkontinans (Üİ), aşırı aktif mesane (AAM), veziko-üretral anastomoz darlığı (VUAD) ve rekto-üriner fistül (RÜF)'dür.

| ÜRİNER İNKONTİNANS

Epidemiyoloji: Radikal prostatektomi sonrası üriner inkontinans, kontinansın tanımına bağlı olarak %2-85 insidans ile giderek yaygınlaşan bir ürolojik problemdir(1). Stres üriner inkontinans (SÜİ) hapşırma-öksürme veya fiziksel efor ile istemsiz olarak gelişen idrar kaçırma olarak tanımlanır(2). Farklı cerrahi teknikler postoperatif SÜİ açısından karşılaştırılmıştır. 2018 yılında Coughlin ve arkadaşları tarafından yayınlanan 326 hastalık prospektif ve randomize kontrollü çalışmada iki yıllık takiplerde açık radikal prostatektomi (ARP) ile robotik yardımcı laparoskopik radikal prostatektomi (RYLRP) arasında inkontinans açısından fark olmadığı gösterilmiştir(3). 2021 yılında yayınlanan 14 merkezli İsveç LAPPRO çalışmasında ARP ile RYLRP'nin fonksiyonel ve onkolojik sonuçları karşılaştırılmıştır. 4003 hastanın sekiz yıllık takiplerinde 24 saatte hiç ped kullanmayan hasta oranı RYLRP ve ARP için sırasıyla %27 ve %29 idi. İki grup arasında istatistiki olarak anlamlı fark yoktu. Tecrübeli cerrahlarda (100'den fazla vaka yapan) inkontinans oranları RYLRP ve ARP için sırasıyla

¹ Uzm. Dr., Başakşehir Çam ve Sakura Şehir Hastanesi, Üroloji Kliniği, metinsavun@hotmail.com



Fotoğraf 22. Garisilis flepinin alınması (Başakşehir Çam ve Sakura Şehir Hastanesi Üroloji Kliniği arşivinden)



Fotoğraf 23. Rektum ve mesane arasına grasilis kasi flepinin yerleştirilmesi (Başakşehir Çam ve Sakura Şehir Hastanesi Üroloji Kliniği arşivinden)

KAYNAKLAR

1. Lee R, Te AE, Kaplan SA, Sandhu JS. Temporal trends in adoption of and indications for the artificial urinary sphincter. J Urol. 2009;181(6):2622-7.
2. D'Ancona C, Haylen B, Oelke M, Abranches-Monteiro L, Arnold E, Goldman H, et al. The International Continence Society (ICS) report on the terminology for adult male lower urinary tract and pelvic floor symptoms and dysfunction. Neurourol Urodyn. 2019;38(2):433-77.
3. Coughlin GD, Yaxley JW, Chambers SK, Occhipinti S, Samaratunga H, Zajdlewicz L, et al. Robot-assisted laparoscopic prostatectomy versus open radical retropubic prostatectomy: 24-month outcomes from a randomised controlled study. Lancet Oncol. 2018;19(8):1051-60.

4. Nyberg M, Hugosson J, Wiklund P, Sjoberg D, Wilderäng U, Carlsson S v., et al. Functional and Oncologic Outcomes Between Open and Robotic Radical Prostatectomy at 24-month Follow-up in the Swedish LAPPRO Trial. *Eur Urol Oncol.* 2018;1(5):353–60.
5. Tang K, Jiang K, Chen H, Chen Z, Xu H, Ye Z. Robotic vs. Retropubic radical prostatectomy in prostate cancer: A systematic review and a meta-analysis update. *Oncotarget.* 2017;8(19):32237.
6. Porpiglia F, Fiori C, Bertolo R, Manfredi M, Mele F, Checcucci E, et al. Five-year Outcomes for a Prospective Randomised Controlled Trial Comparing Laparoscopic and Robot-assisted Radical Prostatectomy. *Eur Urol Focus.* 2018;4(1):80–6.
7. Kadono Y, Nohara T, Kawaguchi S, Iwamoto H, Yaegashi H, Shigehara K, et al. Impact of Pelvic Anatomical Changes Caused by Radical Prostatectomy. *Cancers.* 2022;14(13).
8. Castellan P, Ferretti S, Litterio G, Marchioni M, Schips L. Management of Urinary Incontinence Following Radical Prostatectomy: Challenges and Solutions. *Ther Clin Risk Manag.* 2023;19:43.
9. Tutolo M, Bruyneel L, van der Aa F, van Damme N, van Cleynenbreugel B, Joniau S, et al. A novel tool to predict functional outcomes after robot-assisted radical prostatectomy and the value of additional surgery for incontinence. *BJU Int.* 2021;127(5):575–84.
10. Pinkhasov RM, Lee T, Huang R, Berkley B, Pinkhasov AM, Dodge N, et al. Prediction of Incontinence after Robot-Assisted Radical Prostatectomy: Development and Validation of a 24-Month Incontinence Nomogram. *Cancers.* 2022;14(7).
11. Canning A, Raison N, Aydin A, Cheikh Youssef S, Khan S, Dasgupta P, et al. A systematic review of treatment options for post-prostatectomy incontinence. *World J Urol.* 2022;40(11):2617.
12. Cho ST, Kim KH. Pelvic floor muscle exercise and training for coping with urinary incontinence. *J Exerc Rehabil.* 2021;17(6):379–87.
13. Wu MLY, Wang CS, Xiao Q, Peng CH, Zeng TY. The therapeutic effect of pelvic floor muscle exercise on urinary incontinence after radical prostatectomy: a meta-analysis. *Asian J Androl.* 2019;21(2):170–6.
14. Park JJ, Kwon A, Park JY, Shim SR, Kim JH. Efficacy of Pelvic Floor Exercise for Post-prostatectomy Incontinence: Systematic Review and Meta-analysis. *Urology.* 2022;168:175–82.
15. Yang JM, Ye H, Long Y, Zhu Q, Huang H, Xie HY, et al. Effect of pelvic floor muscle training on urinary incontinence after radical prostatectomy: An umbrella review of meta-analysis and systematic review. *Clin Rehabil.* 2022
16. Yokoyama T, Nishiguchi J, Watanabe T, Nose H, Nozaki K, Fujita O, et al. Comparative study of effects of extracorporeal magnetic innervation versus electrical stimulation for urinary incontinence after radical prostatectomy. *Urology.* 2004;63(2):264–7.
17. Macaulay M, Broadbridge J, Gage H, Williams P, Birch B, Moore KN, et al. A trial of devices for urinary incontinence after treatment for prostate cancer. *BJU Int.* 2015;116(3):432–42.
18. Kotecha P, Sahai A, Malde S. Use of Duloxetine for Postprostatectomy Stress Urinary Incontinence: A Systematic Review. *Eur Urol Focus.* 2021;7(3):618–28.
19. Toia B, Gresty H, Pakzad M, Hamid R, Ockrim J, Greenwell T. Bulking for stress urinary incontinence in men: A systematic review. *Neurourol Urodyn.* 2019;38(7):1804–11
20. Bole R, Hebert KJ, Gottlich HC, Berrick E, Kohler TS, Viers BR. Narrative review of male urethral sling for post-prostatectomy stress incontinence: sling type, patient selection, and clinical applications. *Transl Androl Urol.* 2021;10(6):2682–94.
21. van der Aa F, Drake MJ, Kasyan GR, Petrolekas A, Cornu JN. The artificial urinary sphincter after a quarter of a century: a critical systematic review of its use in male non-neurogenic incontinence. *Eur Urol.* 2013;63(4):681–9.
22. Larson T, Jhaveri H, Yeung LL. Adjustable continence therapy (ProACT) for the treatment of

- male stress urinary incontinence: A systematic review and meta-analysis. *Neurourol Urodyn.* 2019;38(8):2051–9.
23. Peyronnet B, Brucker BM. Management of Overactive Bladder Symptoms After Radical Prostatectomy. *Curr Urol Rep.* 2018;19(12):95.
 24. Elliott SP, Meng M v., Elkin EP, McAninch JW, Duchane J, Carroll PR. Incidence of urethral stricture after primary treatment for prostate cancer: data From CaPSURE. *J Urol.* 2007;178(2):529–34.
 25. Pfalzgraf D, Worst T, Kranz J, Steffens J, Salomon G, Fisch M, et al. Vesico-urethral anastomotic stenosis following radical prostatectomy: a multi-institutional outcome analysis with a focus on endoscopic approach, surgical sequence, and the impact of radiation therapy. *World J Urol.* 2021;39(1):89–95.
 26. Rosenbaum CM, Fisch M, Vetterlein MW. Contemporary Management of Vesico-Urethral Anastomotic Stenosis After Radical Prostatectomy. *Front Surg.* 2020;7:587271.
 27. Shakir NA, Alsikafi NF, Buesser JF, Amend G, Breyer BN, Buckley JC, et al. Durable Treatment of Refractory Vesicourethral Anastomotic Stenosis via Robotic-assisted Reconstruction: A Trauma and Urologic Reconstructive Network of Surgeons Study. *Eur Urol.* 2022;81(2):176–83.
 28. Pfalzgraf D, Isbarn H, Reiss P, Meyer-Moldenhauer WH, Fisch M, Dahlem R. Outcomes after recto-anastomosis fistula repair in patients who underwent radical prostatectomy for prostate cancer. *BJU Int.* 2014;113(4):568–73.