

Service Priorities and Programmes Electronic Presentations

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Artificial Urinary Sphincter Programme: a meaningful partnership with the Hong Kong Cancer Fund

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Introduction

Radical prostatectomy is a treatment of choice for localised prostate cancer. Post-operative urinary continence recovery may be suboptimal in some of our patients. Surgical placement of artificial urinary sphincter, albeit costly, is a promising solution to alleviate distressing post-operative urinary incontinence. Our Multi-disciplinary Support Service at Queen Elizabeth Hospital is a comprehensive programme to address the multi-facetted need of our prostate cancer patients. Since December 2010, our Service had solicited a generous one-million-dollar financial aid from the Hong Kong Cancer Fund, to aid our financially-needy patients to install artificial urinary sphincter. Our Service had a comprehensive follow-up programme to evaluate its impact on our patients' quality of life.

Objectives

To quantify the impact of post-operative incontinence on our patients' quality of life. To demonstrate the clinical efficacy of artificial urinary sphincter placement, and to evaluate its impact on our patients' quality of life.

Methodology

The quality of life of our patients was evaluated before and after cancer treatment by WHO-5 Well-being Index. The relations between quality of life and the tri-factors of prostate cancer recovery, namely continence, erectile function and cancer control were evaluated by linear regression and paired samples t-test. The clinical outcome of artificial urinary sphincter placement was demonstrated by one-hour pad test performed before and regularly after the operation. The impact on patients' quality of life was evaluated by two questionnaires, namely Urogenital Distress Inventory-6 and Incontinence Impact Questionnaire-7.

Result

Our patients' quality of life was better than the pre-operative level starting from the 9th

month onwards after cancer treatment. Continence was the sole factor demonstrating a linear correlation with quality of life, implying that continence recovery had the greatest impact on our patients' general well-being. Placement of artificial urinary sphincter significantly reduced the degree of urinary leakage. The improvement in continence translated into a significant betterment in quality of life. We hope our ever-encouraging results would beckon renewed support from our healthcare partners, service providers and patients.