



Climacturia After Robot-Assisted Radical Prostatectomy: Does Pre-Operative Erectile Dysfunction Affect Who Recovers



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1. Introduction & Objectives

- Current literature suggests climacturia to occur in 20-48% of men undergoing robot-assisted radical prostatectomy (RARP).
- A recent survey via the Endourologic Society revealed that 63% and 54% of prostatectomists believe that climacturia is under-addressed and can be a problem, respectively.
- We seek to determine whether the International Index of Erectile Function -5 (IIEF-5) questionnaire can serve as a predictor of long-term climacturia recovery.

2. Materials & Methods

Between January 2010 and September 2018, 880 RARP were performed by a single surgeon. 800 of these men had a valid email address, of which all were sent an electronic questionnaire inquiring about their experience with climacturia. Men who received additional hormonal or radiation therapy were asked to answer based on their status prior to the treatment.

- Incidence of post-RARP climacturia and recovery was assessed.
- Results were stratified by preoperative IIEF-5 score 22-25.
- Factors predicting climacturia recovery were assessed via logistic regression.

3. Results, Independent Predictors of Climacturia

The questionnaire was completed by 339 / 800 patients (42%), of which 37% reported some experience with climacturia. At a median follow-up of 5 years, 29% reported continued climacturia today. These results were then stratified by pre-op IIEF-5 22-25.

	IIEF-5 < 22 (N=151)		IIEF-5 ≥ 22 (N=188)		p
	N=56 (37%)	N=71 (38%)	Mean	SD	
Age	64.3	6.1	59.5	6.7	0.0001
BMI	27.5	4.0	26.4	3.0	0.0790
Pre-op PSA	7.9	4.3	6.6	5.1	0.1294
Pre-op AUA	11.1	7.7	6.9	5.6	0.0005
Bother	2.2	1.5	1.2	1.2	0.0001
Pre-op IIEF-5	14.9	5.9	24.2	1.0	<0.0001
Total Testosterone	374.2	204.0	395.5	148.9	0.4978
Free Testosterone	6.3	5.4	6.5	2.3	0.7787
Prostate weight	61.9	26.2	49.1	17.6	0.0013
	N	%	N	%	p
Bilateral NS	56	100.0%	69	95.8%	0.1222
Pathologic Stage	52		68		0.733
pT2	35	67.3%	54	79.4%	
pT3/pT4	17	32.7%	14	20.6%	
Gleason Grade					
Group	49		67		0.221
1	8	16.3%	12	17.9%	
2	19	38.8%	31	46.3%	
3	17	34.7%	16	23.9%	
4	2	4.1%	4	6.0%	
5	3	6.1%	4	6.0%	

3. Results, Independent Predictors of Climacturia

Figure 1. Climacturia incidence and recovery, stratified by preoperative IIEF-5 22-25

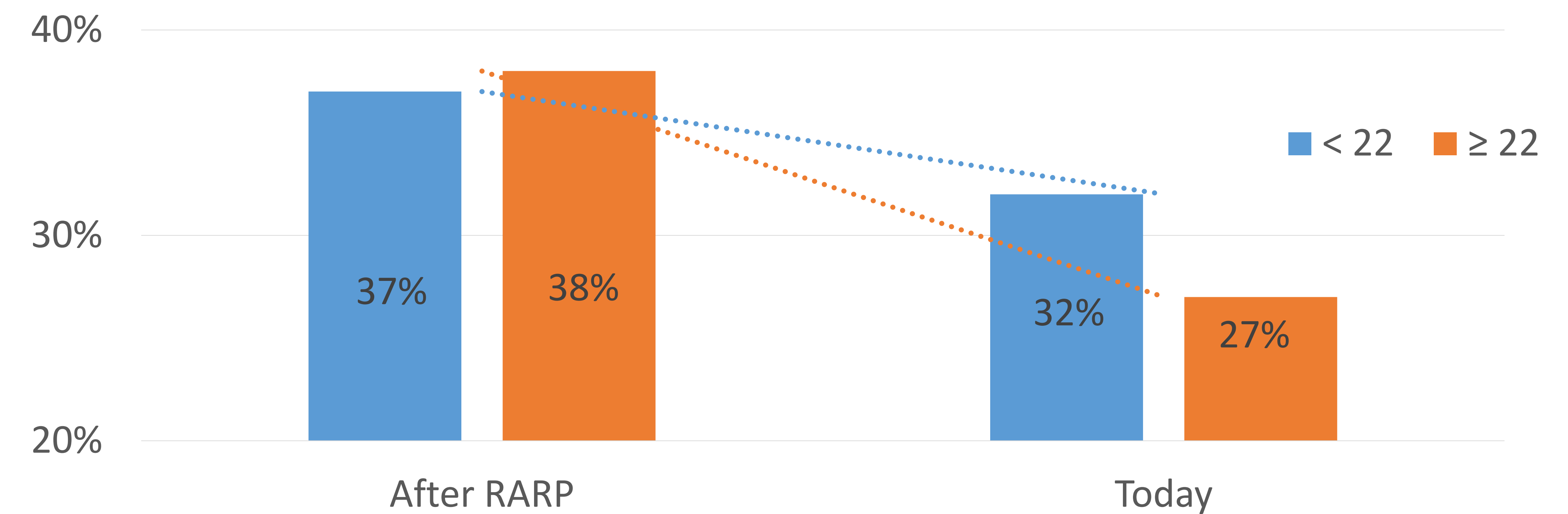


Table 1. Logistic Regression of Factors Predicting Climacturia Recovery

	B	S.E.	Wald	Sig.	Exp(B)	95% CI	
						Lower	Upper
IIEF-5 (<22 [ref] vs 22-25)	1.371	.566	5.862	.015	3.939	1.298	11.95
Age (cont.)	.007	.035	.042	.839	1.007	.940	1.079
Pre-op AUA score (cont.)	.046	.049	.850	.357	1.047	.950	1.153
Bother score (cont.)	.127	.261	.237	.627	1.136	.680	1.895
Prostate Weight (cont.)	-.007	.012	.308	.579	.993	.971	1.017
BMI (cont.)	.012	.068	.033	.856	1.012	.887	1.156
Order (cont.)	.857	.505	2.875	.090	2.356	.875	6.346

On multivariate analysis, patients who had a preoperative IIEF-5 score ≥ 22 were 3.9 times more likely to recover from climacturia.

4. Conclusions

- Erectile dysfunction, defined as preoperative IIEF-5 score < 22, had a significant and independent impact on the long term rate of climacturia and climacturia recovery.
- This basic screening can be beneficial, as men with a low preoperative IIEF-5 can seek early intervention thus avoiding the psychological consequences of climacturia.