

# Maximization of Membranous Urethral Length During Robot-Assisted Radical Prostatectomy Increases Climacturia Recovery (#145)

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# Disclosures

I have no conflict of interests to disclose.

# Background

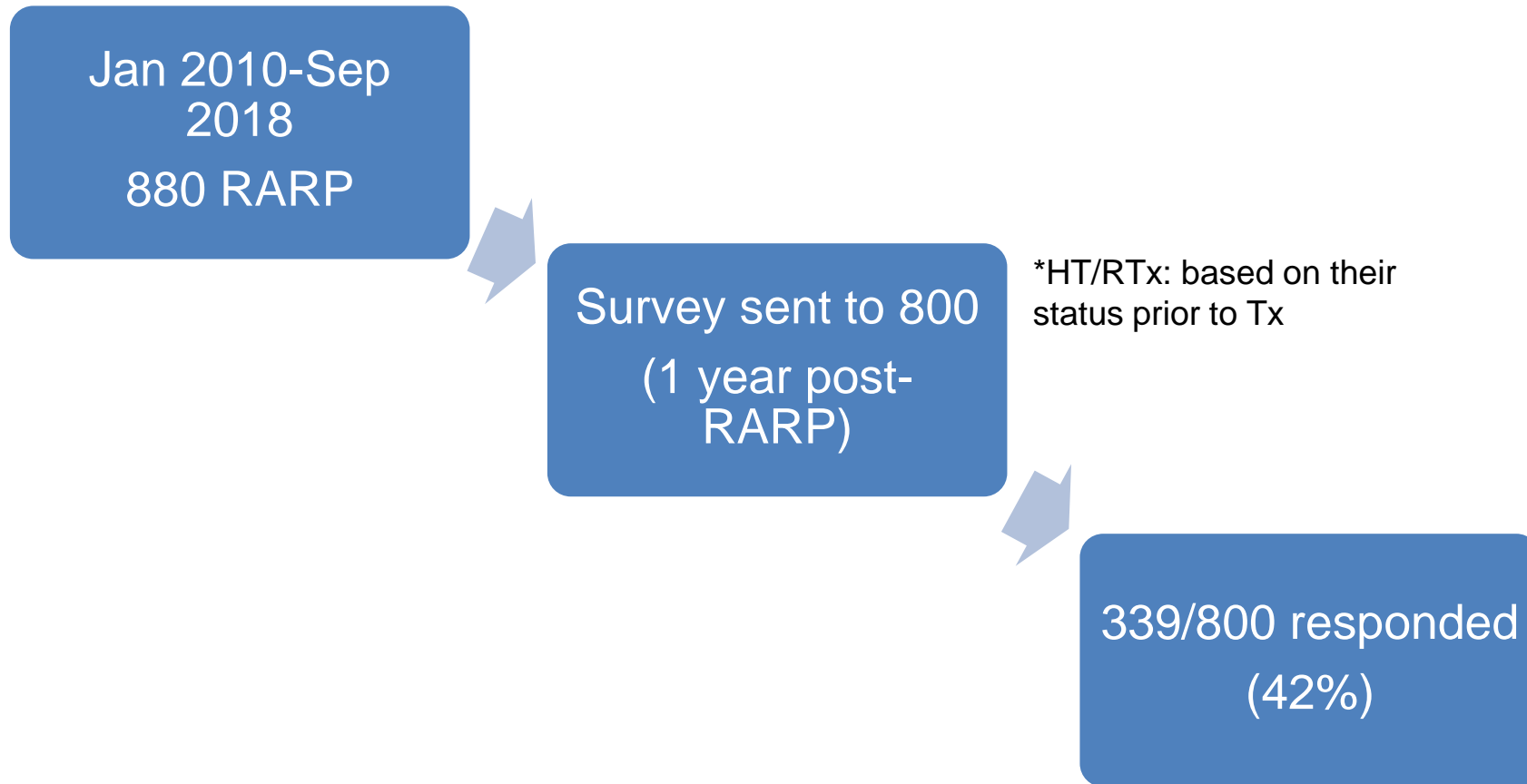
- Climacturia occurs in 20-48% of men undergoing robot-assisted radical prostatectomy (RARP) and can be an issue for both patients and their partners.
- In a recent survey via the Endourologic Society:
  - 63% of prostatectomists believe that climacturia is under-addressed
  - 54% of prostatectomists believe that climacturia can be a problem

# Aim of the study

- Surgical preservation of membranous urethral length (MUL) has been proposed to improve recovery of early and long-term pad-free continence, but its effect on climacturia is not fully explored.
- ❖ The present study seeks to determine whether MUL maximization improves long term climacturia recovery.

# Methods

Figure 1: Patient Population

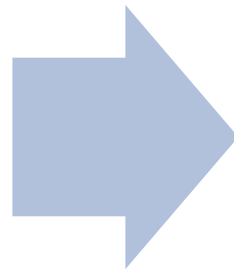


# Surgical Technique Change

## Old Technique

The dorsal venous complex (DVC) was stapled prior to transection of the membranous urethra.

127/339 (37%)



## New Technique

The DVC is transected without ligation, facilitating prostatic retraction/ rotation, and is then suture ligated.

212/339 (63%)

# Results

Table 1:  
Demographic  
Information  
Stratified by Those  
Reporting  
Climacturia

Climacturia status	Old Technique (N= 127)		New Technique (N= 212)		p-value
	Mean	SD	Mean	SD	
Age	61.3	6.0	61.9	7.4	0.604
BMI	26.2	2.9	27.4	3.7	0.054
Pre-op PSA	6.5	4.9	7.5	4.5	0.269
→ Pre-op AUA	7.3	5.0	9.6	7.7	<b>0.045</b>
Bother	1.3	1.2	1.8	1.5	0.050
→ Pre-op IIEF-5	21.5	4.3	19.3	6.9	<b>0.028</b>
Total Testosterone	402.2	187.2	375.5	166.5	0.409
Free Testosterone	6.9	5.6	6.0	2.4	0.232
Prostate weight	54.1	18.4	55.2	25.1	0.780
	N	%	N	%	p-value
Bilateral NS	49	98%	75	97%	1.000
→ Pathologic Stage					<b>0.014</b>
pT2	43	86%	51	66%	
pT3/pT4	7	14%	26	34%	
Gleason Grade Group					0.068
1	7	15%	14	18%	
2	27	57%	26	34%	
3	11	23%	25	33%	
4	0	0%	6	8%	
5	2	4%	7	6%	
SV involvement	0	0%	5	4%	0.156

# Results

Table 2: Linear Regression of Factors Predicting Climacturia Recovery

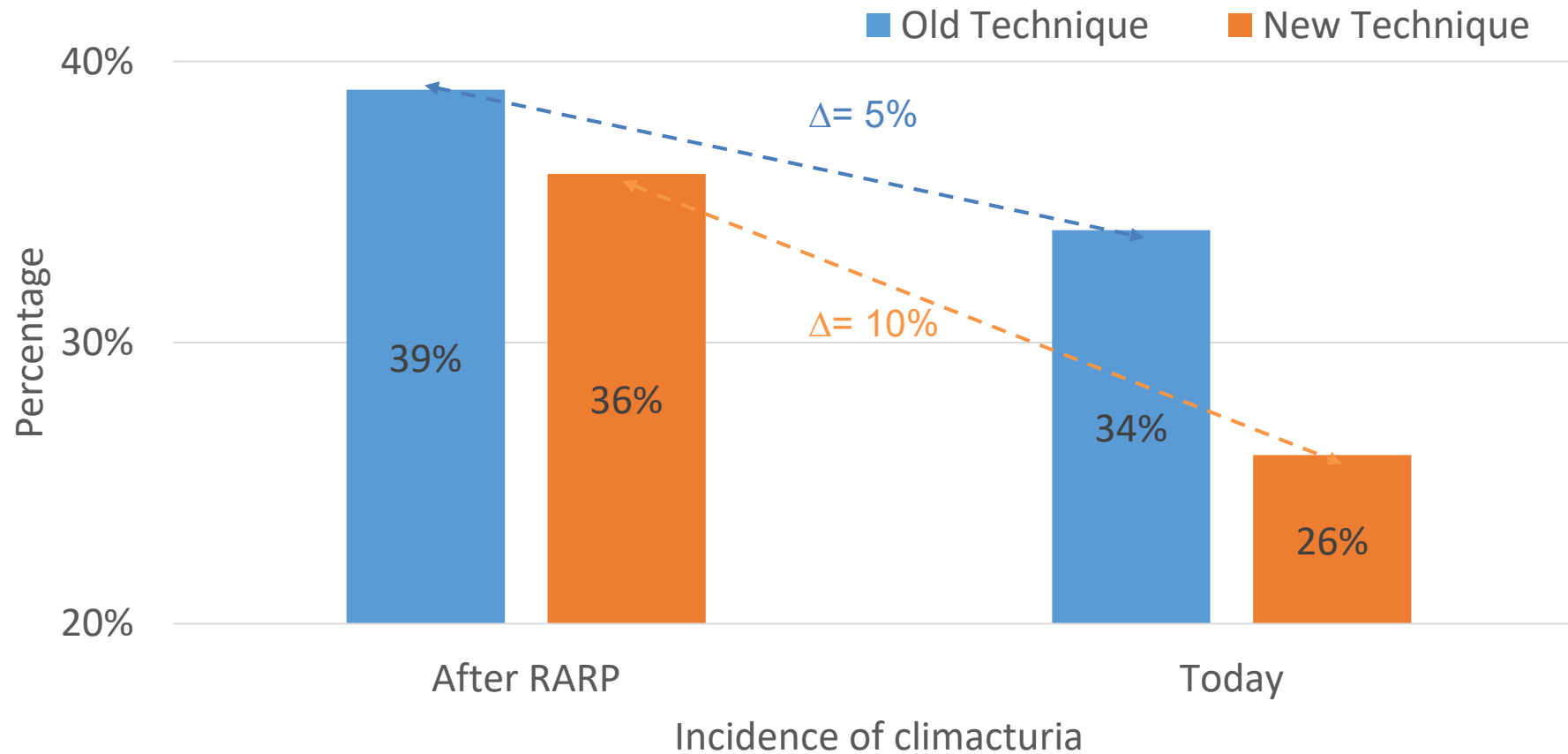
	B	S.E.	Wald	Sig.	Exp(B)	95% CI	
						Lower	Upper
Technique change (0 [ref.] vs 1)	1.110	.511	4.731	.030	3.036	1.116	8.257
Pre-op AUA score (cont.)	.043	.032	1.743	.187	1.044	.979	1.112
Pre-op IIEF-5 (cont.)	.073	.044	2.729	.099	1.076	.986	1.173
Pathologic Stage (cat.)	-.859	.566	2.305	.129	.424	.140	1.284
BMI (cont.)	-.009	.065	.021	.886	.991	.873	1.124

- ❖ On multivariate analysis, patients who had **MUL maximization** were **3 times** more likely to **recover** from climacturia.



# Results

Figure 2: Incidence of Climacturia Recovery Pre- and Post- Technique Change



# Conclusions

- **Maximizing the MUL tripled** the rate of long-term climacturia recovery.
- Surgeons are encouraged to **maximize the MUL** during RARP as it can improve climacturia recovery.