

Which test to use? A comparison of self-report and objective measures of urinary incontinence after radical prostatectomy.

Objectives: To determine relationships between outcomes of a self-report measure of urinary incontinence, the International Consultation on Incontinence Questionnaire - Urinary Incontinence Short Form (ICIQ-UI-SF), and 1-hour (1HPT) and 24-hour (24HPT) pad tests in the early postoperative period after radical prostatectomy.

Methods: A prospective, observational study of men having radical prostatectomy by one high-volume urological cancer surgeon (n=33). Men attending physiotherapy for perioperative pelvic floor muscle training completed the ICIQ-UI-SF at 3 and 6-week postoperative appointments. Men undertook 24HPTs on the days preceding appointments, and a 1HPT during appointments. Data were analysed using paired t-tests and the Pearson product-moment correlation coefficient.

Results: Outcomes for the ICIQ-UI-SF (3 weeks: 7.8 ± 4.7 points, 6 weeks: 6.1 ± 4.2 points, $p=0.001$) and the 24HPT (3 weeks: 42 ± 59 mL, 6 weeks: 24 ± 30 mL, $p=0.032$) demonstrated significant change, i.e. improved continence, from 3 to 6 weeks postoperatively. There was no significant difference in 1HPT outcomes from 3 to 6 weeks postoperatively ($p=0.431$). At 3 weeks postoperatively there were significant and moderate to strong correlations ($p < 0.001$, $r=0.484$ to 0.672) between all three outcomes of urinary incontinence. At 6 weeks postoperatively, while there remained a significant correlation between ICIQ-UI-SF and 24HPT outcomes ($p=0.005$, $r=0.478$), neither correlated significantly with 1HPT outcomes ($p=ns$).

Conclusions: The ICIQ-UI-SF and 24HPT are both sensitive to change and their outcomes significantly correlated across the early postoperative period after radical prostatectomy. The 1HPT may be less useful to quantify early postoperative changes in urinary incontinence and related bother.