historical controls.[7,18] Second, urinary leakage was only assessed at follow up visit following catheter removal. There was no data collected at 1 day, or other time points following removal catheter removal. This time frame was arbitrarily chosen for convenience, as it is when patients return following surgery for their initial PSA check. It is possible that at this time of follow up, the improvements in early continence were no longer significant. Rocco noted that at 30 days there was a significant increase in continence, however at 90 days this difference was no longer significant.[6] Patient recall bias did not produce reliable enough information for assessment of time to continence.

Pad usage is not the most robust measurement of urinary leakage available. Some patients will change urinary pads after only a few drops, while some patients are willing to tolerate 30 ml or more in their pads. Certain pads are designed to hold increasing amounts of urine. Rocco alluded to diapers in his study, while other authors have used security liners or pads as their benchmark.[6] Weights of urinary pads are the only reproducible and reliable measure of true urinary leakage,[19] although this trial wasn't designed to assess that parameter. However, it has been shown that only one pad per day does not significantly negatively impact patient quality of life,[20] and therefore we do believe this as an accurate measurement of functional continence.

Conclusion

This study shows immediate postoperative urinary incontinence in our patient population was not significantly improved by using posterior support of the urethrovesical anastamosis. We observed very high early continence rates overall, irrespective of supporting stitch. Long term data on these patients will demonstrate whether there is any improvement in secondary endpoints, such as sexual function or long term urinary continence. □

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