Clinical management of impaired urinary output in prostatectomized men: an experience report

CHIANCA TCM (phD, MsN, RN), AZEVEDO C (phD, MsN, RN), BERNARDES MFVG (phD, MsN, RN), MOURA CC (phD, MsN, RN), OLIVEIRA CMC (RN), ASSIS BB (phD, MsN, RN), MATA LRF (phD, MsN, RN). Nursing School, Federal University of Minas Gerais, Brazil. E-mail: taniachianca@gmail.com

Introduction: Radical prostatectomy can cause undesirable urinary effects.

Purpose: To describe researchers' experience in implementing nursing interventions to manage impaired urinary output in prostatectomized men.

Methods: This is an experience report on the results of a randomized clinical trial conducted between April 2019 and April 2020 in a cancer hospital in southeast Brazil. The study included 93 men allocated into three groups.



The evaluation took place in two moments: before any treatment (pre-test) and after eight weeks of follow-up (9th session - post-test). The socio-demographic and clinical questionnaire, daily pad used, one-hour pad test, urinary incontinence scale after radical prostatectomy, International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) and King's Health Questionnaire (KHQ) were used.

Control (31)	Intervention I (32)	Intervention II (30)
Pelvic muscle	Systemic	Auricular
exercise	acupuncture +	acupuncture +
	Pelvic muscle	Pelvic muscle
	exercise	exercise

The longitudinal model, using the generalized estimation equations and the difference test of proportions, were used in the statistical analysis. The level of significance adopted was 0.05.

Results: Each intervention session lasted 40 minutes. The guidelines were provided through a booklet, which was essential to guide the pelvic musculature exercises. At the end of eight weeks of follow-up, all groups showed improvement in the intensity of impaired urinary output, and there was no statistically significant difference between the groups.

	Grups			P-valor		
	Control (median; P25-P75)	Int. I (median; P25-P75)	Int. II (median; P25-P75)	GC- GI	GC- GII	GI- GII
ТО	52.0 grams (10.2-122.9)	21.9 grams (10.1-70.8)	43.2 grams (9.2-63.3)	0,944	0,747	1,000
T1	2.0 grams (0.7-8.2)	0.3 grams (0.0-0.8)	1.3 grams (0.8-1.9)	0,083	0,896	0,945
p- valor	<0,001	<0,001	<0,001			

Conclusions: Although the systemic acupuncture group associated with pelvic muscle exercise had the lowest urinary loss in grams, this difference was not statistically significant, which does not show superiority of this intervention over the others to manage impaired urinary output in prostatectomized men. The group of researchers made progress in the development of clinical and therapeutic reasoning skills in urinary dysfunctions.

References:

-Sandhu JS, Breyer B, Comiter C, Eastham JA, Gomez C, Kirages DJ, et al. Incontinence after Prostate Treatment: AUA/SUFU Guideline. J Urol. 2019 Aug;202(2):369-378.

-Abrams P et al. Incontinence. Eur Urol Focus. 7 th. Tokyo; 2023.







BOSTON COLLEGE
Connell School of Nursing