

Editorial Comment from Dr Kadono to  
Postoperative urinary incontinence exacerbates  
nocturia-specific quality of life after  
robot-assisted radical prostatectomy

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| 著者                              | Kadono Yoshifumi  |
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**Editorial Comment on Post-Prostatectomy Incontinence as a Factor Exacerbating  
Nocturia-Specific Quality of Life after Robot-Assisted Radical Prostatectomy**

Yoshifumi Kadono

*Department of Integrative Cancer Therapy and Urology, Kanazawa University*

*Graduate School of Medical Science, Kanazawa, Japan*

Correspondence: Yoshifumi Kadono, MD. PhD.

Department of Integrative Cancer Therapy and Urology, Kanazawa University Graduate  
School of Medical Science,

13-1 Takara-machi, Kanazawa, Ishikawa 920-8640, Japan.

Telephone: +81-76-265-2393; Fax: +81-76-222-6726;

E-mail: [yskadono@yahoo.co.jp](mailto:yskadono@yahoo.co.jp)

In clinical practice, nocturia may be one of the factors that aggravate quality of life (QOL) of daily activity; nocturia after radical prostatectomy (RP) has been previously reported.<sup>1-3</sup> When comparing before and after RP, the mean frequency of nocturia showed almost no change for more than 1 year after RP. After RP, anatomical changes in the pelvis cause functional changes in the lower urinary tract. Furthermore, as chronological changes in nocturnal frequencies, the nocturia worsened at 3-month after RP and it returned to almost the same pre-RP level at 1-year after RP.<sup>4</sup> Subjective QOL was evaluated using a validated Japanese version of the nocturia QOL questionnaire (N-QOL) and objective urinary frequency and urine volume were evaluated using the 24-h frequency-volume chart (FVC).<sup>4</sup> Previously, detailed analysis of lower urinary functions using urodynamic evaluations before and 1-year after RP revealed that the storage function after RP recovered to almost the same pre-RP level, the voiding function after RP improved and the urethral sphincter function after RP worsened compared with the pre-RP condition.<sup>5</sup> According to the results of FVC in this report, daytime maximum voided volume (MVV) at 1-year after RP did not recover to the pre-RP level of MVV; however, nocturnal MVV at 1-year after RP recovered to almost the same pre-RP level. It is conceivable that abdominal pressure does not work during sleep because of low activities; therefore, the frequency of nocturia at 1-year after RP

might not change compared with before RP because the storage function at 1-year after RP recovered to the pre-RP level even if urethral sphincter function worsened slightly<sup>5</sup>. According to the results of multivariate analysis, the aggravating factors of N-QOL score revealed nocturnal frequency and urinary incontinence.<sup>4</sup> Nocturnal frequency was the same in the continence and incontinence groups; however, N-QOL score was worse in the incontinence group, which may be because of psychological stress.<sup>4</sup> Mean nocturnal frequency before RP was almost the same at 1-year after RP; however, evaluation of each patient showed that nocturia of 20%–30% patients improved while that of the other 20%–30% of patients worsened after RP.<sup>1-3</sup>

This report evaluated the combination of subjective questionnaires and objective FVC for nocturnal frequency chronologically, and this is new information. The authors' conclusion that surgeons should pay meticulous attention when performing RP to prevent post-prostatectomy incontinence that could aggravate not only nocturia-specific QOL but also complete QOL after RP is agreeable.

### **Conflict of interest**

None declared

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