

# COMPARISON OF NURSING OUTCOMES BETWEEN RETROPUBIC RADICAL PROSTATECTOMY AND ROBOTIC-ASSISTED RADICAL PROSTATECTOMY: A PROSPECTIVE COMPARATIVE STUDY

P9



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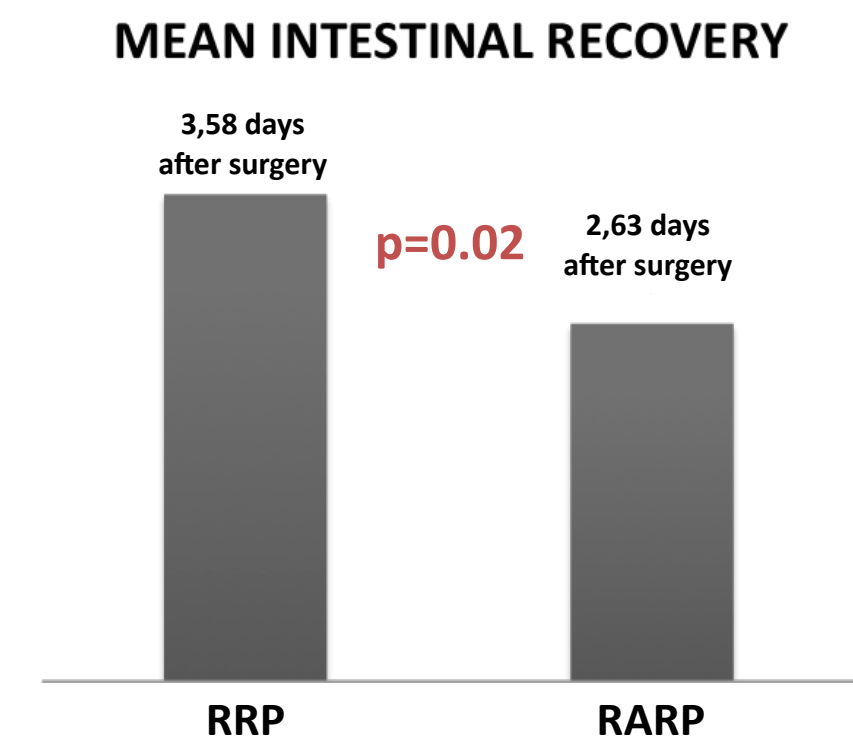
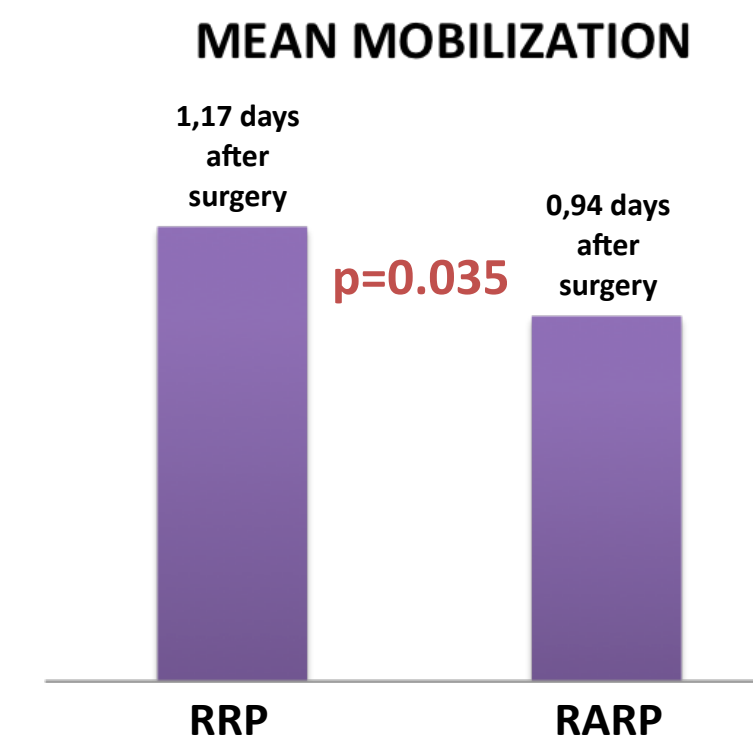
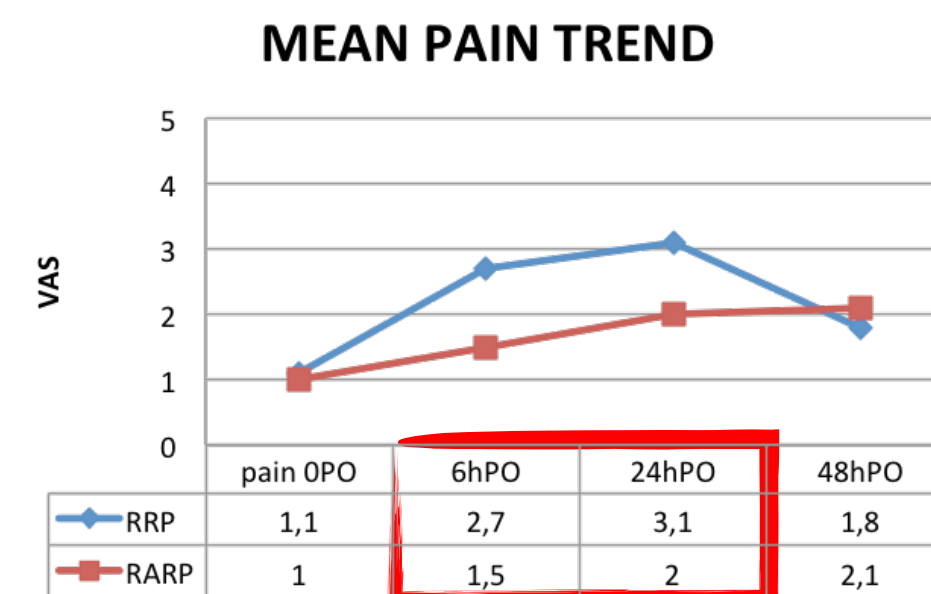
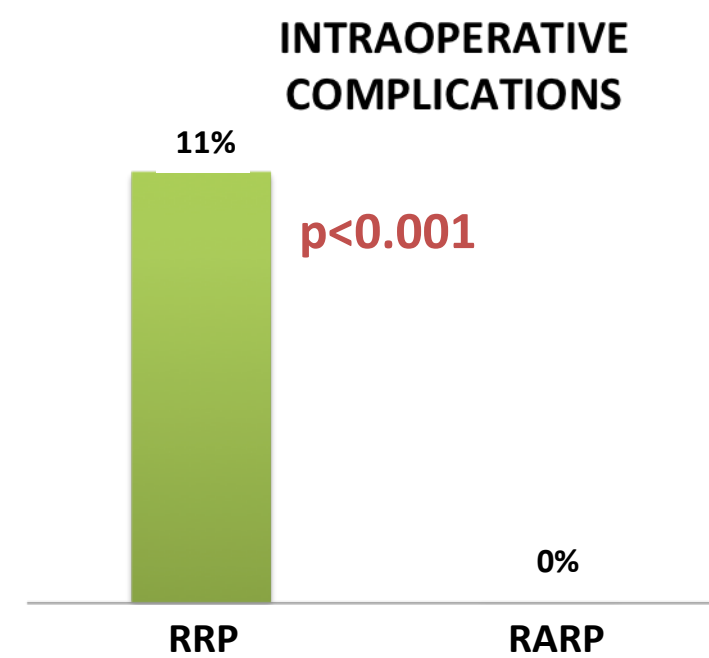
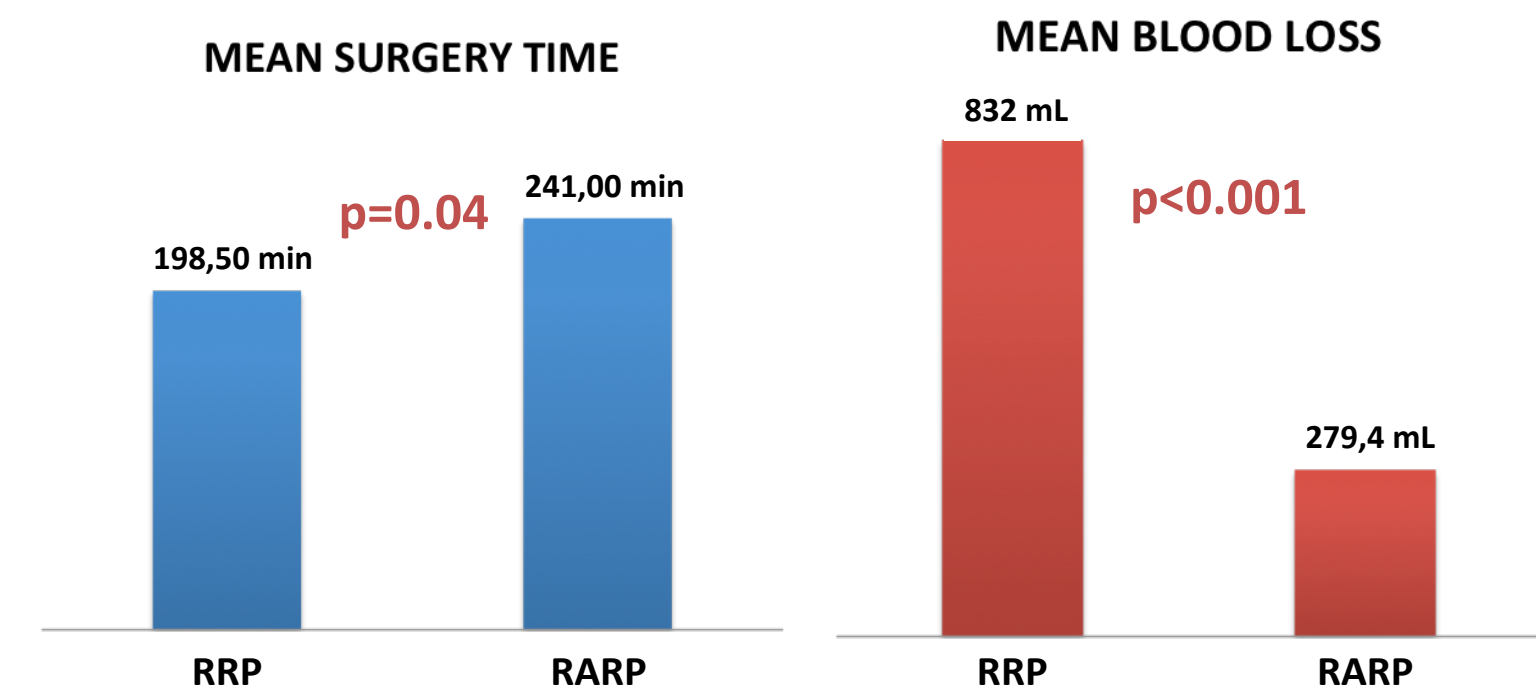
## Introduction & Objectives

Radical prostatectomy is considered the gold standard for prostate cancer treatment. During the last years, **robotic assisted radical prostatectomy (RARP)** is widely spreading as well displacing the common open **retropubic radical prostatectomy (RRP)**. The novel approach has a strong impact on different aspects of **nursing practice** such as the **management of perioperative period**, the **return to Activities of Daily Living (ADLs)** as well as the **monitoring of complications** that may affect **quality of life**. The aim of our study is to compare RRP with RARP in order to investigate the differences in patients' outcome which impact nursing care in clinical practice.

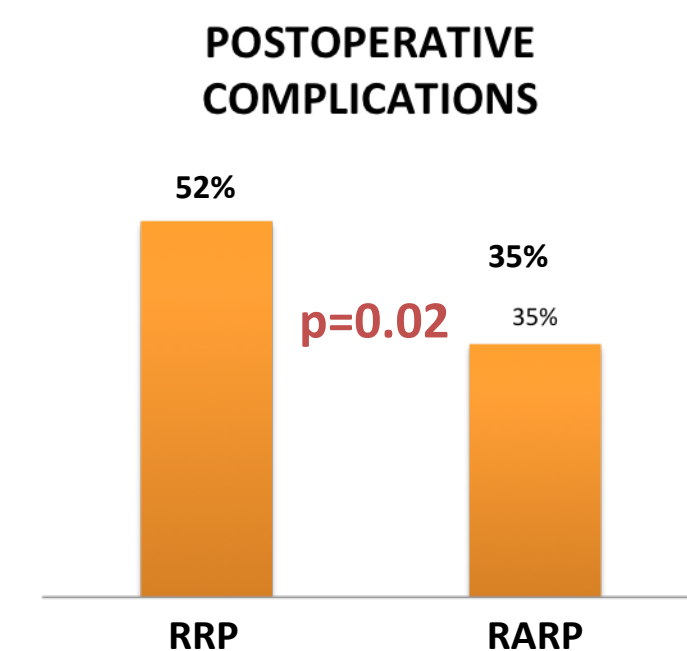
## Materials & Methods

A **prospective comparative study** was conducted in the Department of Urology at San Raffaele Hospital (Milan) between July 1st and October 1st 2013 (3 months); patients were divided into two groups: **Group 1 with 17 patients undergoing nerve-sparing RRP** and **Group 2 with 17 undergoing nerve-sparing RARP**. The following **outcomes** were investigated: surgery time, blood loss values, postoperative complications, transfusion rates, postoperative pain (VAS - Visual Analogue Scale) and pain-killers management, time to intestinal activity recovery, mobilization, hospital length of stay and ADLs recovery. Finally, time to urinary continence (UC), as defined by the use of no pads, and of erectile function (EF), as defined by the return to the ability to achieve sexual intercourse with or without oral medication (PDE5-inhibitors) was investigated.

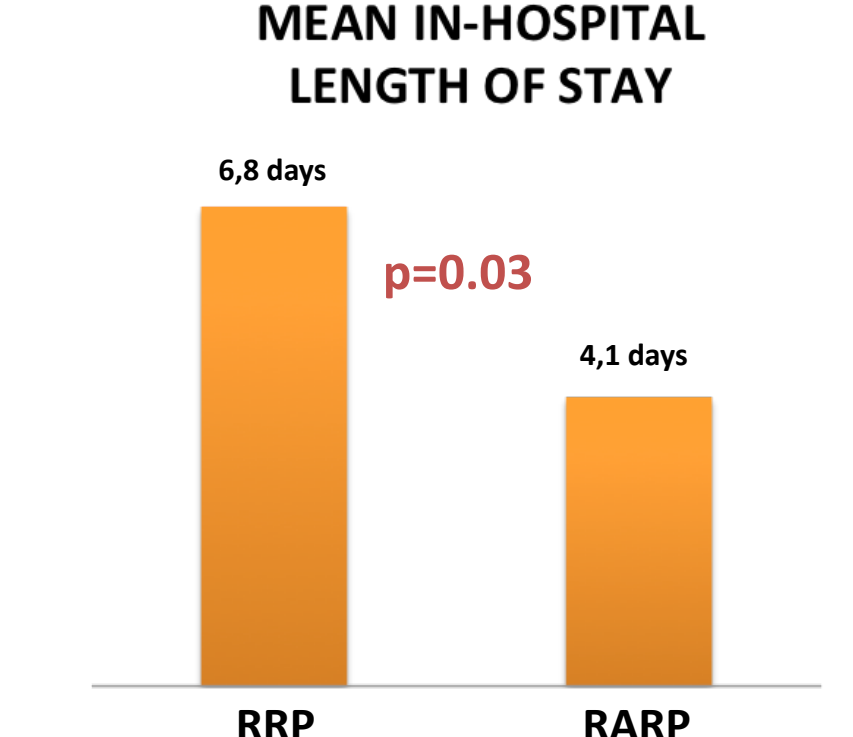
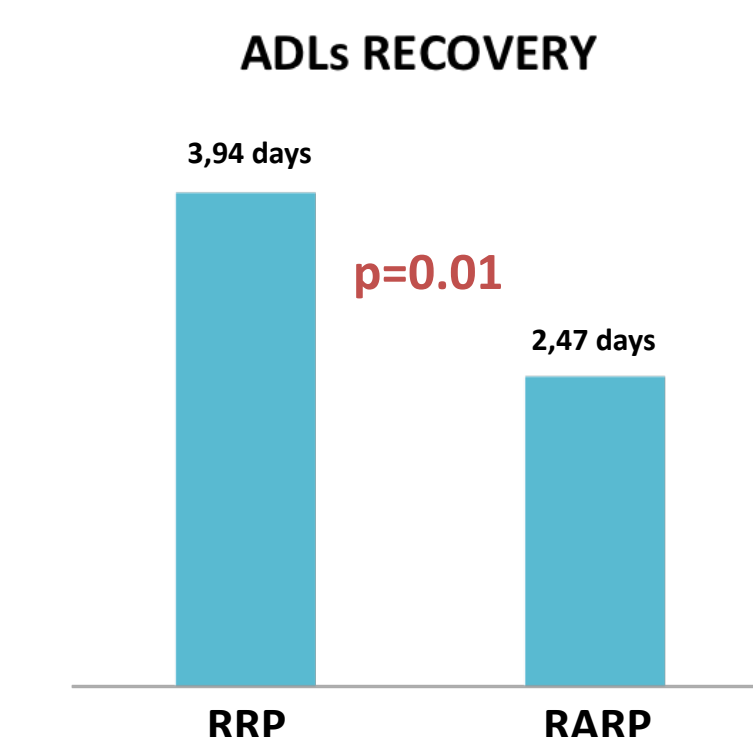
## Results



Patients submitted to RARP had a faster **UC recovery** at 1 month (85 vs. 58%, respectively, p=0.01). When analyzing post-operative **EF recovery**, 22 and 31% of patients submitted to RRP and RARP were able to achieve sexual intercourse, respectively (p=0.11).



RRP	RARP
Morphine	Tramadol
Pethidine	Ketorolac
Ketoprofene	Paracetamol
Tramadol	
Ketorolac	
Paracetamol	



## Conclusions

RARP is associated to **higher operative time**, **lower blood loss**, **lower post-operative complications** and **post-operative pain**. Moreover, patients submitted to RARP show **earlier time to mobilization**, **bowel recovery** and **return to ADLs**. Despite the short follow-up, the return to UC is higher while no difference in terms of EF recovery was observed. Longer follow-up is needed to better evaluate functional results. Nursing standard of care needs to take into consideration the evolving surgical management of prostate cancer patients.

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