P13

Onset, severity and duration of uro-genital pain after 3rd generation salvage cryoablation for recurrent prostate cancer: An observational study

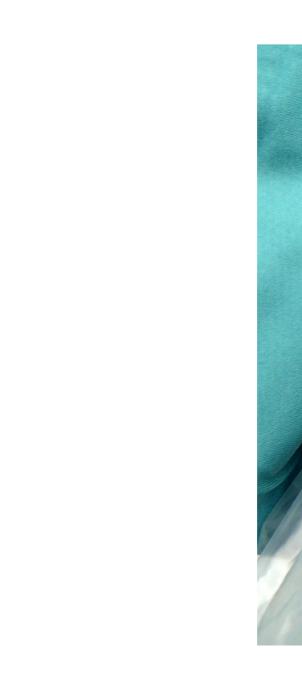
Objective:

New onset of pain in the uro-genital region is a known complication after cryoablation of the prostate. In salvage cryoablation after radiotherapy for recurrent prostate cancer pain is reported by 5-15% of patients. Little is known about the onset, severity and duration of the pain as well as risk factors. The knowledge could help counselling of patients and guide prescription of pain medication during and after the procedure.

Material and methods:

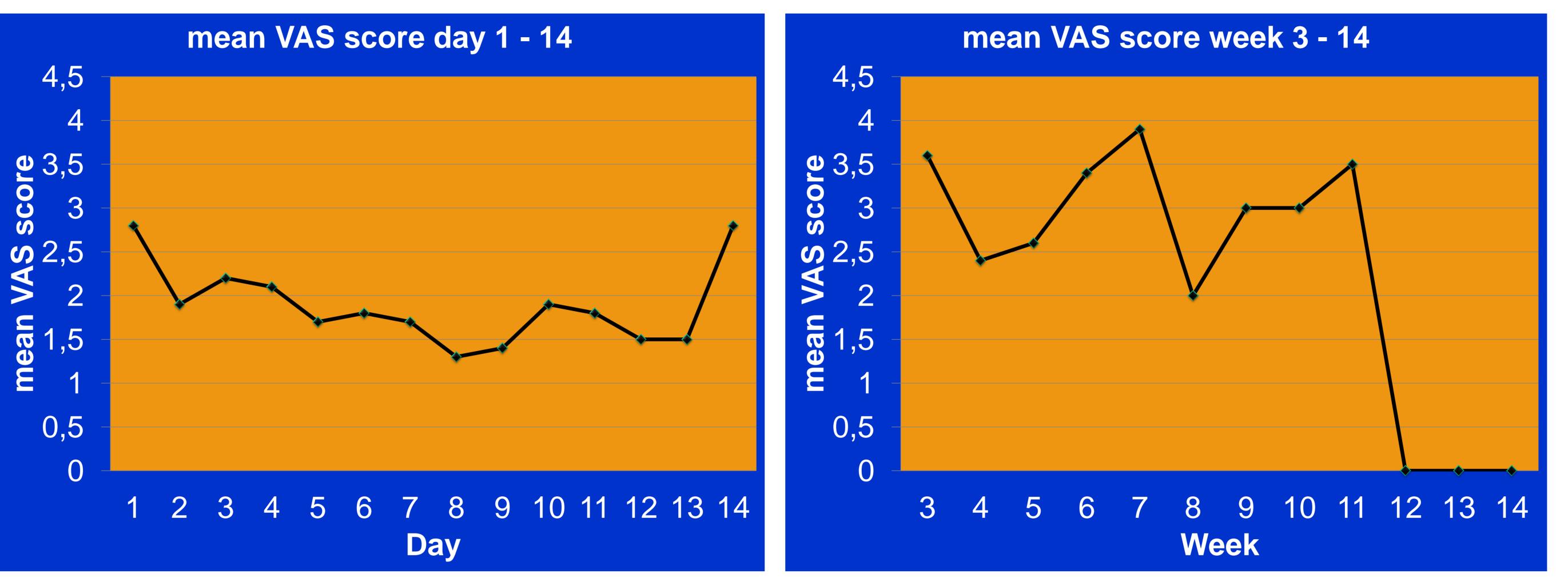
Twenty consecutive men, mean age 69,5, with recurrent prostate cancer after EBRT who were treated with cryoablation of the prostate between June 2010 and February 2012 were studied. All patients were free of pain prior to the cryoablation. A pain questionnaire, Visual Analogue Scale (VAS) scores and pain medication were registered daily for the first 14 days and weekly from 3-14 weeks post ablation.

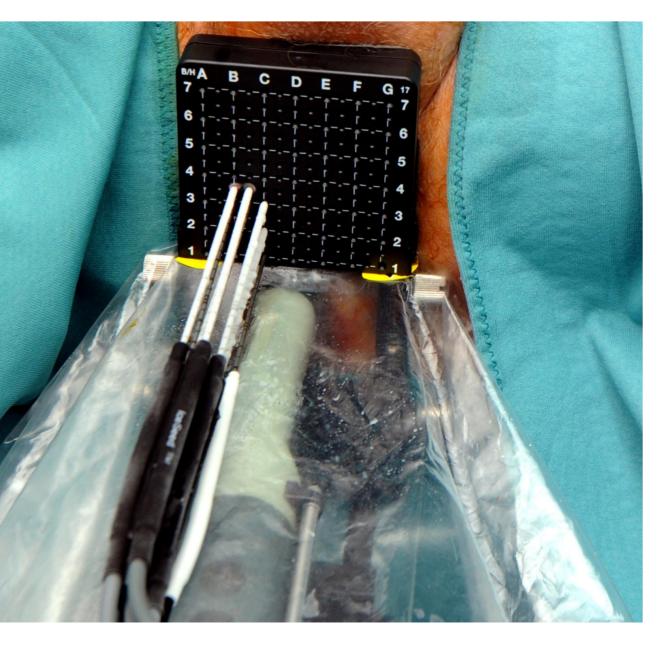






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Results:

All men completed the first 14 days, 16 men completed the full 14 weeks registration. The first 14 days 9/20 (45%) men reported pain, with a mean maximum VAS score of 2.8 on day 1. 3/20 (15%) did not use any pain medication at all,16/20 (95%) used level 1 medication i.e.paracetamol or NSAID. One patient used a low dose opioid (tramadol) during the first 14 days, and two patients received piritramide (Dipidolor[®]) on the day of cryoablation. During the total 14 weeks period 5/16 (31.3%) of the men reported pain, with a mean maximum VAS score of 3.9 in the seventh week. In one patient pain and micturition problems were completely resolved by temporary CAD without need for pain medication since. 11/16 (68.8%) men did not report any pain at all during the 14 weeks. From week 12 to 14 all men were free of pain. 11/16 men (68.8%) did not use any form of pain medication during the 14 week registration period. From week 3-14 patients only used level 1 medication paracetamol or NSAID for the reported pain.



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Conclusion:

Urogenital pain after salvage cryoablation was frequently reported (45%) but of low severity (VAS <4). At 14 weeks 95% of cases could be managed with level 1 analgetics only.





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