

Study confirms difference in radical prostatectomy outcomes between surgeons

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New evidence from Sweden confirms previous studies which suggest that functional outcomes after radical prostatectomy may vary between surgeons, especially in relation to continence. However, the group found no evidence of heterogeneity in potency-related outcomes.

The results of this investigation, to be presented at the 28th Annual EAU Congress, aimed of to examine between surgeon variation with regards to oncological and patient-reported functional outcomes in one European centre.

The study included 1280 men who underwent open [radical prostatectomy](#) performed by one of nine surgeons at an academic institution in Sweden between 2 January 2001 through 16 July 2008.

Biochemical recurrence was defined as a prostate-specific antigen (PSA) value > 0.2 ng/ml with at least one confirmatory rise. The scientists measured functional outcomes preoperatively and postoperatively 18 months after the procedure by patient-administered questionnaires. Multivariate random effect models were used to evaluate [heterogeneity](#) between surgeons, adjusting for case mix – which included age, PSA, pathological stage and grade - year of surgery and [surgical experience](#).

Of 635 men potent at baseline, 606 provided data at 18 months, of whom 100/606 (17%) were potent (nerve-sparing and non-nerve-sparing surgery), suggesting the absence of heterogeneity between surgeons ($p=0.5$).

The continence rate at 18 months was 85%, revealing statistically significant heterogeneity between surgeons ($p=0.002$). There was evidence of an unexpected negative correlation between the surgeons' adjusted probabilities of potency and continence at 18 months. At the same time, the researchers did not find any association between surgeons' adjusted probabilities of [functional recovery](#) and 5-year probability of freedom from biochemical recurrence.

"Surgeon heterogeneity suggests that at least some patients are receiving suboptimal care," write the authors. "Quality assurance measures should be considered to identify and correct suboptimal treatments to ensure patients receive optimal care."

More information: S. Carlsson, et al., "Effects of surgeon variability on oncological and functional outcomes in a population-based setting," Abstract Nr: 808; 28th Annual EAU Congress, 15 to 19 March 2013; Milan, Italy.

Provided by European Association of Urology

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