

Satisfaction and regret after radical prostatectomy procedures studied

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Studies have shown that approximately 16% of patients with localised prostate cancer regret their treatment choice. *European Urology*, the official journal of the European Association of Urology, will be publishing an article by J.W. Moul et al. comparing differences in satisfaction and regret between patients who underwent open retropubic radical prostatectomy and robot-assisted laparoscopic radical prostatectomy.

The study, carried out at the Duke University Medical Center, Durham (US), aimed to identify independent predictors for satisfaction and regret after radical prostatectomy so that patients can be counselled more adequately. A total of 400 patients responded, the majority of whom were satisfied. The article title is 'Satisfaction and regret after open retropubic or robot-assisted laparoscopic radical prostatectomy'.

This is the first study addressing the impact of a surgical approach to prostatectomy on satisfaction and regret. Sociodemographic variables and disease-specific, health-related quality of life were important variables associated with satisfaction and regret. The authors found that undergoing robot-assisted laparoscopic radical prostatectomy (RALP) is independently associated with more frequent dissatisfaction and regret, about 3-4 times more than patients undergoing retropubic radical prostatectomy (RRP).

The authors state that patients who chose the innovative, less invasive RALP may have higher expectations for their postoperative health-

related quality of life compared to patients choosing more traditional surgery. Therefore, even if both groups achieved similar function and bother scores, the RALP group still experienced a higher level of dissatisfaction and regret than the RRP group.

African-American race was significantly associated with regret. This may be caused by a possible broad black-white perception gap in health care. It may also be caused by the fact that patients tend to give higher ratings of satisfaction to race-concordant physicians and none of the physicians in the study were African American. Further research in more diverse patient populations is needed.

Also of interest is the finding that longer follow-up was independently associated with satisfaction and regret, i.e. patients tend to regret their treatment choice more if poor health-related quality of life persists over a longer period of time.

The authors suggest that urologists carefully portray the risks and benefits of new technologies during preoperative counselling to minimise regret and maximise satisfaction.

Source: Elsevier

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