

多因素分析中老年前列腺癌根治术后尿失禁的危险因素

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Title: Risk factors of urinary incontinence after radical prostatectomy in middle-aged and elderly patients

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摘要: 目的: 多因素分析中老年前列腺癌根治术后尿失禁的危险因素。方法: 选择我院于2015年1月至2018年12月期间收治的中老年前列腺癌根治术患者100例作为研究对象, 观察术后尿失禁发生情况。采用多因素Logistic分析影响中老年前列腺癌根治术后尿失禁的危险因素。结果: 中老年前列腺癌根治术患者100例中, 发生术后尿失禁31例, 发生率为31.00%。经单因素分析结果表明, 不同BMI、吸烟史、饮酒史、合并高血压、合并糖尿病、合并冠心病、前列腺手术史和手术时间与术后尿失禁发生率比较差异无统计学意义 ($P > 0.05$); 年龄 > 60 岁者术后尿失禁发生率高于年龄 ≤ 60 岁, 术前尿失禁者术后尿失禁发生率高于术前无尿失禁者, 术中无保护尿控神经者术后尿失禁发生率高于术后保护尿控神经者, 膀胱功能失代偿者术后尿失禁发生率高于代偿者, 差异有统计学意义 ($P < 0.05$)。将上述单因素分析差异有统计学意义的纳入多因素Logistic分析表明, 年龄 > 60 岁、术前尿失禁、术中无保护尿控神经和膀胱功能失代偿为影响术后尿失禁危险因素。结论: 多因素分析中老年前列腺癌根治术后尿失禁的危险因素, 为年龄、术前尿失禁、术中保护尿控神经和膀胱功能失代偿, 需采取针对性预防措施降低术后尿失禁发生。

Abstract: Objective: To analyze the risk factors of urinary incontinence in elderly patients after radical prostatectomy. Methods: The 100 middle-aged and elderly patients with radical prostatectomy admitted to our hospital from January 2015 to December 2018 were selected as the study subjects, and the occurrence of urinary incontinence after operation was observed. Multivariate Logistic analysis was used to analyze the risk factors of urinary incontinence after radical prostatectomy in middle-aged and elderly patients. Results: Among the 100 elderly patients undergoing radical prostatectomy, 31 had urinary incontinence, and the incidence was 31.00%. Univariate analysis showed that there was no significant difference in the incidence of urinary incontinence among different BMI, smoking history, drinking history, hypertension, diabetes mellitus, coronary heart disease, prostate surgery history and operation time ($P > 0.05$). The incidence of urinary incontinence after operation in patients with age > 60 years old was higher than that patients with age ≤ 60 years old, and the incidence of urinary incontinence after operation was higher than that without operation ($P > 0.05$). The incidence of urinary incontinence after unprotected neurosurgery was higher than that after protective neurosurgery. The incidence of urinary incontinence after decompensated bladder function was higher than that after compensated neurosurgery. The difference was statistically significant ($P < 0.05$). Logistic analysis showed that age > 60 years old, preoperative urinary incontinence, unprotected urinary control nerve and bladder dysfunction were risk factors for urinary incontinence. Conclusion: Among the risk factors of urinary incontinence after radical prostatectomy in the elderly, age, preoperative urinary incontinence, intraoperative protection of urinary control nerve and bladder function should be taken to reduce the incidence of urinary incontinence after radical prostatectomy.

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