

Evaluation of Urinary, Sexual, Bowel Functions, and Quality of Life after Pelvic Surgery

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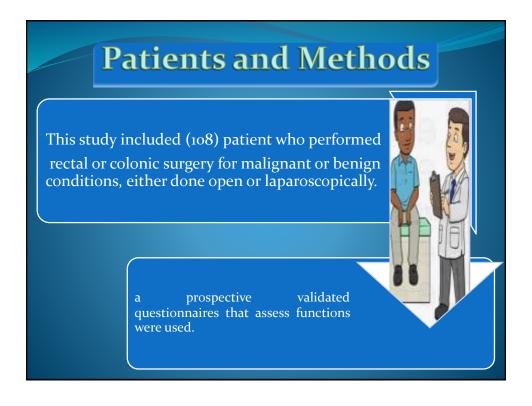
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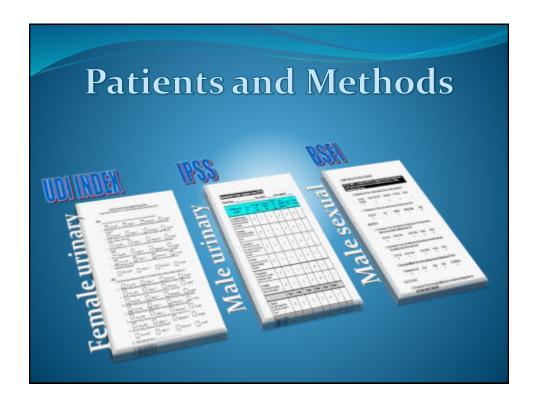
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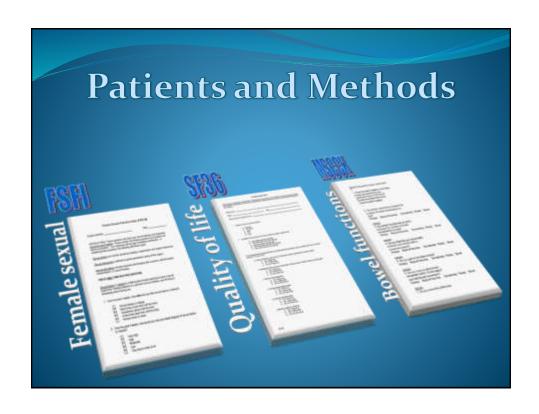
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Aim of the Study

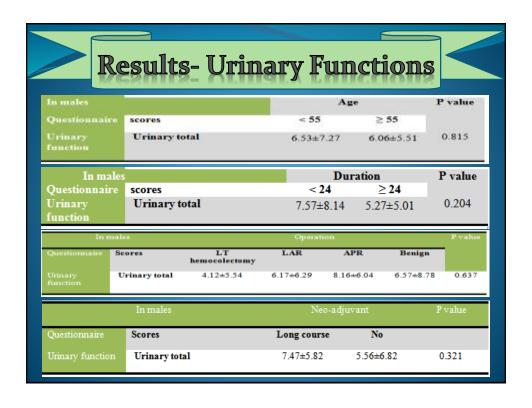
- The aim of this study is to evaluate urinary, sexual, bowel functions and quality of life after colonic or rectal surgery.
- We evaluated these functional problems as regard: sex, age, duration elapsed, type of surgery, neo-adjuvant and adjuvant therapy and the effect of laparoscopic surgery compared to open surgery.

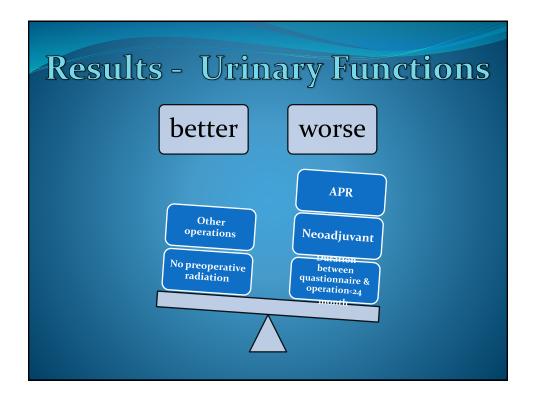


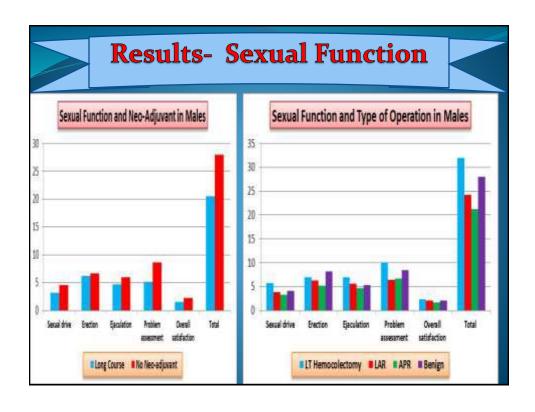


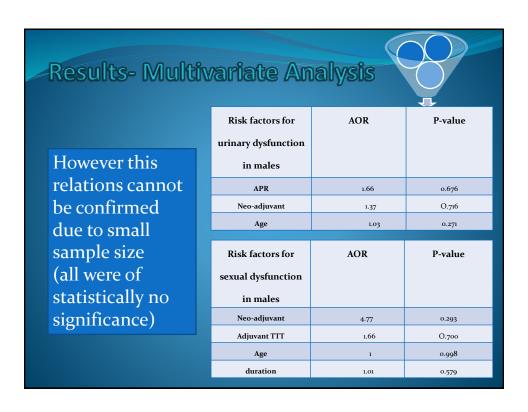


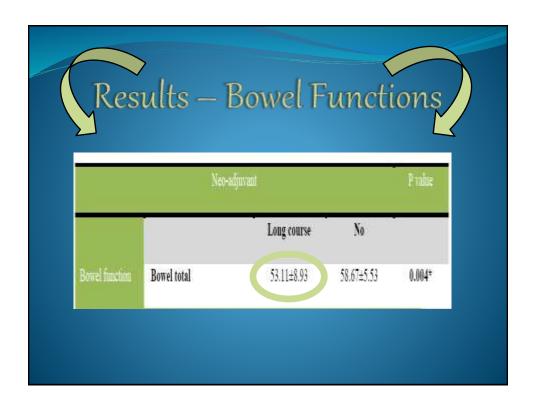
	Results		
Males	Percentage	Score	P value
Urinary function	0015-1010 NESS	141200 ESSENT 7.	< 0.001*
Not affected	39(68.4%)	2.64±2.81	
Affected	18(31.6%)	14.55±5.54	
Sexual function			< 0.001*
Affected	40(83.3%)	23±9.95	
Not affected	8(16.7%)	37.12±1.55	
Females			
Urinary function	Percentage	Score	P value
Not affected	44(89.8%)	2325±464.87	0.002*
Affected	5(10.2%)	5940±1193.41	
Sexual function			< 0.001
Not affected	19(73.1%)	18.85±6.64	
Affected	7(26.9%)	27.6±0.66	













Conclusions

- ✓It was concluded that age, APR, radiation are risk factors for urinary dysfunction in males and age; neo-adjuvant CRT are the risk factors for sexual dysfunction in male patients. while neo-adjuvant CRT is the main risk for female urogenital dysfunction.
- ✓No significant differences between the laparoscopic and open rectal resections.
- ✓ Neo-adjuvant CRT is the main risk factors for bowel dysfunctions and bad QOL.

Recommendations

further large prospective studies are needed to clearly define the morbidity and thus allow an accurate discussion with the patients when obtaining informed consent for treatment.

