INTRODUCTION AND OBJECTIVES: Chronic pelvic pain syndrome (CPPS) presents a therapeutic challenge since 20–65% of all CPPS patients are refractory to conventional therapies. Transcutaneous electrical nerve stimulation (TENS) is an established treatment for chronic musculoskeletal pain and may also be a valuable option in pelvic pain. The aim of this study is to evaluate the effect of TENS for treating men with refractory CPPS.

METHODS: A consecutive series of 42 men treated with TENS for refractory CPPS was evaluated prospectively at 2 academic tertiary referral centers. The effects of treatment were evaluated using the National Institutes of Health Chronic Prostatitis Symptom Index (0-43) at baseline and after 12 weeks of TENS treatment. Subjective (need to continue treatment to sustain the effect) and objective (improvement of NIH-CPSI Index > 50%) responses were assessed after 12 weeks of treatment. Adverse events related to TENS were also assessed.

RESULTS: After 12 weeks of treatment, a subjective response was obtained in 27 (62%) patients and an objective one in 14 (33%) patients. 08 patients showed a final score < 10. Quality of life (QoL) and urinary symptoms also improved significantly in those patients (p<0.001, 95%, CI). No adverse events related to TENS were noted.

CONCLUSIONS: TENS may be an effective and safe treatment for refractory CPPS in men, warranting randomized, placebo-controlled trials.

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ANTIBiotic PROPHYLAXIS PRIOR TO URINARY CATHERETER REMOVAL AFTer RADical PROSTATECTOMY DOES NOT PREVENT URINARY TRACT INFECTIONS: A RANDOMIZED CONTROLLED CLINICAL TRIAL
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INTRODUCTION AND OBJECTIVES: In an effort to reduce the incidence of symptomatic urinary tract infections (UTI) after urinary catheter removal after radical prostatectomy, many urologists administer prophylactic antibiotics. Currently, there are no consensus recommendations on this subject. Our objective was to determine whether antibiotic prophylaxis at urinary catheter removal after radical prostatectomy reduces the incidence of clinical UTIs. A secondary objective was to determine if prophylactic antibiotics increase in the incidence of Clostridium difficile (C. diff) infection.

METHODS: Patients undergoing radical prostatectomy were enrolled (n=175) in an IRB approved prospective randomized controlled clinical trial. 4 patients were excluded for postoperative complications and 4 withdrew. The treatment group (n=83) was given ciprofloxacin the evening prior to and morning of catheter removal. The control group (n=84) received no antibiotics. All patients received up to 24 hours of routine peri-operative antibiotics. Catheters were removed at 7-10 days after surgery. Urine cultures (UC) were obtained preoperatively, at catheter removal, 3-12 months postoperatively and with development of any UTI symptoms. Clinical UTI was defined as positive UC with at least one organism >100,000 cfu/ml with at least 1 UTI symptom/sign. Statistical analyses were performed with two-sample T test for continuous variables, and Pearson’s chi-square or Fisher’s exact test for categorical values. The Jennison and Rumbull method was used to determine futility.

RESULTS: There was no significant difference in patient characteristics, peri-operative data, post-operative readmissions or complications. There was no significant difference in the incidence of UTI: 5 (6.02%) in the antibiotic group and 5 (5.95%) in the control group (p=1). There was no significant difference in the incidence of C. diff infections between the two groups: 0 (0%) in the antibiotic group and 3 (3.57%) in the control group (p=0.24). There were no significant differences in postoperative complications or readmissions. Enrollment was discontinued after Interim analysis revealed a futility index of 98.22%.

CONCLUSIONS: This prospective randomized controlled trial provides evidence that antibiotic prophylaxis at the time of urinary catheter removal after radical prostatectomy does not reduce the incidence of clinical UTIs. We also did not find any association between the incidence of C. diff infection and administration prophylactic antibiotics.

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