RESULTS: Of the 5,297 aged ≥ 20 who completed the survey, 3,960 (75%) had complete UI and dietary intake data. The prevalence of UI ranged from 5-15% depending on whether men reported moderate-severe or any UI. Twenty-five percent of men (n=995) reported caffeine intake in the 75th percentile (> 234 g daily) and 17% (n=687) reported intake of caffeine in the 90th percentile (> 392 g daily). In unadjusted analysis, caffeine intake in the 75th and 90th percentiles was associated with moderate-severe UI [POR = 1.5 (95% CI 1.1, 2.1) and POR 1.9 (1.2, 3.1), respectively]. Multivariate logistic regression including all risk factors revealed a significant association between caffeine intake (75th and 90th percentiles) and moderate-severe UI [POR = 1.9 (1.1, 1.9), POR = 2.2 (1.2, 3.8)] while fluid intake and water intake were not associated with UI.

CONCLUSIONS: Caffeine intake equivalent to 2 cups of highly caffeinated coffee is associated with an increased risk of moderate-severe urinary incontinence among men. While total fluid and water intake are not associated with urinary incontinence in men, caffeine intake may be a modifiable lifestyle factor.

Source of Funding: None

1360 LONG-TERM EFFICACY AND DURABILITY OF DURASPHERE® URETHRAL BULKING AFTER FAILED URETHRAL SLING FOR STRESS URINARY INCONTINENCE

Jason Kim*, Wai Lee, Stony Brook, NY; Alvaro Lucioni, Fred Govier, Kathleen Kobashi, Seattle, WA

INTRODUCTION AND OBJECTIVES: DuraspHERE® (Coloplast Corp, Humlebaek, Denmark) is a minimally invasive urethral bulking agent used for the treatment of stress urinary incontinence (SUI). The objective of this study is to determine the long-term efficacy and durability of DuraspHERE® injection for recurrent SUI following urethral sling placement.

METHODS: We identified patients in our database that had undergone DuraspHERE® injection after a failed sling procedure for treatment of SUI. Patients were injected with 2.5-3.5 cc of DuraspHERE® and given 1-3 total treatments. Patients were given pre-sling and post-DuraspHERE® injection questionnaires to assess degree of postoperative SUI, satisfaction, and improvement rates. All data reflects post-DuraspHERE® injection week or ≥70% patient-perceived improvement. Patients were considered failures if they did not meet the above criteria and/or if they needed to have additional procedures for SUI performed.

RESULTS: Of the 13085 patients, sufficient data and comparable match patients were available for 62 of the SPSt pts., and 15 of the PD pts., making up 231 matched patients. Rating the mean IIEF score, pre- and postoperative results between SPSt, PD, and MP were comparable (15.37/7.07, 16.0/7.03, 16.76/8.49). 2.2% of the SPSt, 10.0% of the PD, and 1.2% of the MP had strong urge all of the time (ICS-BPHs Q6), p < 0.05. This was also the case for urge incontinence (10.87%, 30.0%, 4.76%), ICS-BPHs Q7: sometimes). Severe stress incontinence while coughing was seldom (4.35%, 10.0%, 2.88% ICS-BPHs Q8: most or all of the time), although patients with SPSt or PD were slightly worse p: < 0.05. QoL was good for all three groups 64.5%, 66.7%, 84.4% (ICS-BPHs sf Q 11: no problem or bit of a problem), but again better for patients without neurological disorders.

CONCLUSIONS: Radical prostatectomy in patients with SPSt or PD can be performed with acceptable functional results. Limitations: data on preoperative continence or micturition were not available. Also, we cant offer a comparison with with functional outcome following radiotherapy.

Source of Funding: None

1361 RADICAL RETROPUBIC PROSTATECTOMY IS POSSIBLE WITH GOOD FUNCTIONAL RESULTS IN PATIENTS WITH PARKINSONS DISEASE OR STATUS POST STROKE. RESULTS FROM MORE THAN 13000 PATIENTS

Uwe Michel*, Markus Graefen, Alexander Haese, Georg Salomon, Hans Heinzer, Thorsten Schlommm, Thomas Steuber, Hartwig Huland, Pierre Tennstedt, Hamburg, Germany

INTRODUCTION AND OBJECTIVES: The objective of this study was evaluation of Parkinsons disease (PD) and status post stroke (SPSt) on functional results after radical retropubic prostatectomy with validated questionnaires.

METHODS: Between January 1996 and June 2011. 13085 patients underwent radical retropubic prostatectomy. We identified 23 patients with PD and 110 with SPSt. Pre- and postoperative potency was evaluated with the IIEF5 questionnaire. Postoperative evaluation was done with the QLQ-C30 and ICS-BPHs. All patients were mailed annually. For all patients with neurological disease we performed a 1:3 propensity score match with otherwise healthy patients (MP).

RESULTS: Of the 13085 patients, sufficient data and comparable match patients were available for 62 of the SPSt pts., and 15 of the PD pts., making up 231 matched patients. Rating the mean IIEF score, pre- and postoperative results between SPSt, PD, and MP were comparable (15.37/7.07, 16.0/7.03, 16.76/8.49). IIEF score, pre- and postoperative results between SPSt, PD, and MP were comparable (15.37/7.07, 16.0/7.03, 16.76/8.49). 2.2% of the SPSt, 10.0% of the PD, and 1.2% of the MP had strong urge all of the time (ICS-BPHs Q6), p < 0.05. This was also the case for urge incontinence (10.87 %, 30.0 %, 4.76 %), ICS-BPHs Q7: sometimes). Severe stress incontinence while coughing was seldom (4.35 %, 10.0 %, 2.88 % ICS-BPHs Q8: most or all of the time), although patients with SPSt or PD were slightly worse p: < 0.05. QoL was good for all three groups 64.5 %, 66.7 %, 84.4 % (ICS-BPHs sf Q 11: no problem or bit of a problem), but again better for patients without neurological disorders.

CONCLUSIONS: Radical prostatectomy in patients with SPSt or PD can be performed with acceptable functional results. Limitations: data on preoperative continence or micturition were not available. Also, we cant offer a comparison with with functional outcome following radiotherapy.

Source of Funding: None

1362 ELECTRICAL STIMULATION OF THE PUDENDAL NERVE PROMOTES FUNCTIONAL RECOVERY AFTER SIMULATED BIRTH INJURY

Hai-Hong Jiang*, Raul Juarez, Yolanda Cruz, Margot Damaser, Cleveland, OH

INTRODUCTION AND OBJECTIVES: Birth injury is one of important factor for female stress urinary incontinence (SUI), while urethral function for continence can be impaired during the vaginal delivery due to compression to urethra as well as pudendal nerve. We demonstrated that electrical stimulation of the pudendal nerve after simulated childbirth upregulates brain derived neurotrophic factor (BDNF) expression in Onuf's nucleus in previous study. In this further study, we investigates the effects of pudendal nerve electrical stimulation on recovery of urinary continence following simulated childbirth, vaginal distension (VD) and pudendal nerve crush (PNC).

METHODS: The Sprague-Dawley female rats (n=24, 225-250g) were assigned to 3 groups of the simulated birth injury plus electrical stimulation (I&E, n = 8), the injury plus sham electrical stimulation (I&S, n = 8), and sham injury plus sham electrical stimulation (S&S, n = 8). Rats in I&E and I&S groups underwent 4 hours of VD followed by bilateral PNC. Rats in I&E received 1 hour of bilateral electrical stimulation (20 Hz, 0.3mA, 0.1 ms duration) of the pudendal nerve proximal to the crush site immediately after PNC and 2 times per week for 2 weeks, when urethral function was assessed via leak point pressure (LPP) and simultaneous external urethral sphincter (EUS) electromyography (EMG) using a transurethral catheter and needle