Introduction and Objective: wide variations exist in the literature in the methods of assessment of different functional outcomes after Laparoscopic Radical Prostatectomy (LRP) to determine whether postoperative functional outcomes obtained via validated questionnaires; match those assessed during outpatient meetings. To study the impact of different areas of urinary function including incontinence symptoms, voiding symptoms and irritative symptoms as well as sexual function on patients' Quality of Life (QOL).

Methods: Between July 2003 and December 2009, 200 men with organ confined prostate cancer underwent LRP at our tertiary centre. All patients underwent Trans-peritoneal LRP. Patients’ functional outcomes as well as their QOL were assessed using two methods, the first involved mailing validated questionnaires during the month of June 2010, and the second involved data from outpatients’ follow-up records, the results of the two methods were compared. A search of the most recent literature was also performed.

Results: the survey response rate was 72%, 33.9% of patients have no voiding symptoms, 8.04% were fully continent, 16.1% had no irritative symptoms, the majority of other patients had low scores, reflecting better function, on the urinary function assessment questionnaire (ICIQMLUTS).

78% of patients had severe erectile dysfunction on the SHIM questionnaire. 80% of patients scored between 109 and156 on the QOL questionnaire (FACT-P), with higher scores reflecting better QOL.

Both voiding symptoms bother and irritative symptoms were independent predictors of QOL. Better results were obtained when functional outcomes were assessed via outpatients’ records.

Conclusions: The long-term functional outcomes and QOL results are strongly biased by the criteria and method of assessment used.

There is lack of standardization of assessment methods of functional outcome, with few studies demonstrating the use of validated questionnaires, which invalidates meta-analysis studies. Other elements of post-operative urinary function are equally important to continence in assessing patients’ QOL.