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# Men's perceptions of the impact of the physical consequences of radical prostatectomy on their quality of life: a qualitative systematic review protocol

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## Review question/objective

The objective of this review is to explore men's perceptions of the impact of the physical consequences of radical prostatectomy on their quality of life

## Background

Prostate cancer is the most common male cancer and second most common cause of cancer death in men in the Western world.<sup>1</sup> The quality of life of men with prostate cancer can be negatively affected by the various treatments available to them.<sup>2</sup> Radical prostatectomy is the predominant primary treatment approach for prostate cancer in a number of countries including Australia and North America,<sup>3,4</sup> and involves the complete removal of the prostate, seminal vesicles and surrounding tissues.<sup>5</sup>

Postoperative complications commonly occur and current literature reports issues concerning the bladder, bowel and sexual dysfunction.<sup>6</sup> Each of these can be categorized as a physical consequence of the surgery and for radical prostatectomy such complications are urinary<sup>7,8</sup> and fecal incontinence<sup>9</sup> as well as sexual dysfunction.<sup>7</sup> These physical consequences of surgery are intrinsically connected to psychosocial implications for the patient and are associated with significantly reduced quality of life.<sup>5,10</sup>

Urinary incontinence is a problem for at least 50% of men who undergo radical prostatectomy and this can have a negative effect on their postoperative quality of life.<sup>7-11</sup> Men can experience negative feelings about dealing with indwelling catheters and urinary incontinence at home, and report anxiety, fear and embarrassment,<sup>11</sup> as well as a loss of a sense of control, depression and decreased social interactions.<sup>8</sup> Fecal incontinence is also reported to have a significant impact on men's self-confidence, personal image and social life.<sup>5,9</sup>

Sexual dysfunction following radical prostatectomy encompasses several physical issues including erectile dysfunction and impotence,<sup>12,13</sup> which is one of the most common concerns of men post radical prostatectomy.<sup>14,15</sup> A number of psychological and relationship implications have been highlighted,<sup>16</sup> and many men do not know where to turn to for help.<sup>15</sup> A less common physical issue following radical prostatectomy is penile length shortening.<sup>8</sup> Yoko et al.<sup>8</sup> suggest that, from the viewpoint of society and its preoccupation with penile size, physical reduction in penile length size following radical prostatectomy can negatively affect psychological well-being.

An important clinical implication for understanding men's perceptions of the physical and psychosocial consequences of radical prostatectomy is that healthcare professionals working with these men can assist them in considering and discussing issues such as masculinity, erectile dysfunction and incontinence pre- and post-treatment, thereby increasing men's understanding and adaptation postoperatively.<sup>17,18</sup>

A national survey of cancer patients conducted in the United Kingdom (UK) in 1999/2000 identified that patients with prostate cancer often had a worse experience of supportive care than those diagnosed with and treated for other cancers.<sup>4</sup> A second survey, conducted following the implementation of the NHS Cancer Plan,<sup>19</sup> a program outlining the UK government's intentions to reform cancer care, was consistent with the results of the 1999/2000 survey and identified only the smallest improvement in the provision of care for patients with prostate cancer.<sup>20</sup> A more recent survey<sup>21</sup> identified improvement in the patient's perception of their experience of prostate cancer care. Even so, the care of people suffering from prostate cancer fell behind several other cancer groups (breast, lung and colorectal) on multiple elements of the survey, including definitive explanations of the potential side effects of treatment thereby highlighting scope for improvement in care provision. The National Institute for Health and Care Excellence guidelines for prostate cancer<sup>22</sup> emphasizes the pivotal role of communication between healthcare professionals and men with prostate cancer. One of their key priorities is the healthcare professionals' role in providing evidence-based advice regarding the potential side effects of prostate cancer treatment and subsequent support that takes into account quality of life implications for these men.

Treatment such as radical prostatectomy that has negative physical and psychosocial consequences that potentially impact on men's quality of life means it is increasingly becoming an important topic. Willener and Hantikainen<sup>23</sup> suggest that improving quality of life should be the ultimate aim of any healthcare treatment or intervention, and the patient's experience of the treatment is paramount. In order to provide high quality care, healthcare professionals need to improve understanding of the physical and psychosocial implications of radical prostatectomy from the men's perspective.<sup>11</sup> An improved understanding of the men's perspective of these physical consequences could potentially enhance the value and impact of support provided.

The underpinning concept in this proposed review is to explore the repercussions on lifestyle and associated psychosocial impact that the outlined physical consequences have on men following radical prostatectomy. By identifying and exploring issues that affect men's quality of life, opportunities can be created to talk about problems, discuss issues and ultimately improve men's postoperative experiences. Nurses provide a vital role in ensuring that men are adequately prepared for radical prostatectomy and the potential implications on their postoperative quality of life.<sup>15</sup> Without an in depth knowledge and understanding of men's experiences post radical prostatectomy, there is a risk that health professionals may be unable to provide the comprehensive support and information that is vital to men postoperatively.

Numerous qualitative studies have been published exploring men's post radical prostatectomy surgery experiences<sup>14,15,18,24-28</sup> and also those from the point of view of their spouses.<sup>6,29,30</sup> Previous qualitative reviews in this area are limited and a search revealed only one narrative review of men's experiences of urinary incontinence after prostatectomy.<sup>11</sup> The majority of systematic reviews conducted were quantitative, and they investigated health related quality of life following radical prostatectomy<sup>5,10</sup> and the effectiveness of psychoeducational interventions on urinary and fecal incontinence and erectile dysfunction in men over 50 years and over after prostatectomy for prostate cancer in comparison to usual care.<sup>31</sup>

A systematic review exploring the findings of studies that specifically discuss the impact of the physical consequences of radical prostatectomy on their quality of life is essential to assist health care professionals in focusing on this area in future practice. To date no such systematic review has been conducted.

## **Keywords**

radical prostatectomy; prostatectomy; incontinence; masculinity; emotional well-being; continence; erectile dysfunction; men's health; impotence; sexuality; quality of life; QoL

## **Inclusion criteria**

### ***Types of participants***

This review will consider studies that include:

Men of all ages and nationalities who have undergone radical prostatectomy as treatment for prostate cancer.

The following will be excluded:

Studies that focus on men undergoing prostatectomy for reasons other than cancer.

Studies that focus on men receiving treatment other than radical prostatectomy for prostate cancer. This may include but is not exclusive to radiotherapy, hormone therapy and watchful waiting.

Studies that focus only on the perspectives of family members.

### ***Phenomena of interest***

This review will consider studies that investigate:

- The physical consequences of radical prostatectomy and its impact on quality of life as identified by the men
- The psychosocial implications of the identified physical consequences of radical prostatectomy as identified by the men.

### ***Types of studies***

The review will consider studies that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography and action research. Studies will be included if they report results relating to one or more of the phenomena of interest.

Studies not written in English will be excluded.

### **Context**

This review will consider all settings where this topic has been addressed with participants meeting the inclusion criteria. This may include, but is not limited to, outpatient clinics, community clinics, men's homes or support group locations.

### **Search strategy**

The search strategy aims to find published and unpublished studies. A three-step search strategy will be utilized in this review. An initial limited search of MEDLINE and CINAHL will be undertaken followed by an analysis of the text words contained in the title and abstract, and of the index terms used to describe the article. A second search using all identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified reports and articles will be searched for additional studies. Studies published in English will be considered for inclusion from inception of databases to the present date will be considered for inclusion in this review. The journals *European Journal of Oncology Nursing* and *Cancer Nursing* will be hand searched between 2014 and 2015 to ensure that any relevant papers that may not be indexed in the major databases are located.

The databases to be searched include:

CINAHL

MEDLINE

EMBASE

PsychINFO

British Nursing Index

Web of Science.

Initial keywords to be used will be:

'radical prostatectomy'; prostatectomy; incontinence; masculinity; 'emotional well-being'; continence; 'erectile dysfunction'; 'men's health'; impotence; sexuality; 'quality of life'; 'QoL'; experience\*

### **Assessment of methodological quality**

Qualitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) (Appendix I). Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

### **Data extraction**

Qualitative data will be extracted from papers included in the review using the standardized data extraction tool from JBI-QARI (Appendix II). The data extracted will include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.

**Data synthesis**

Qualitative research findings will, where possible, be pooled using JBI-QARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorizing these findings on the basis of similarity in meaning. These categories are then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible the findings will be presented in narrative form.

**Conflicts of interest**

The authors have no conflicts of interest to declare.

## References

1. Chambers S, Schover L, Halford K et al. ProsCan for Couples: Randomised controlled trial of a couples-based sexuality intervention for men with localised prostate cancer who receive radical prostatectomy. *BMC Cancer*. 2008;8:226.
2. Thompson I, Thrasher J, Aus G, Burnett A, Canby-Hagino E, Cookson M. AUA Prostate Cancer Clinical Guideline Update Panel. Guideline for the management of clinically localized prostate cancer: 2007 update. *J Urol*. 2007;177(6):2106-31.
3. Harlan L, Potosky A, Gilliland F et al. Factors associated with initial therapy for clinically localized prostate cancer: prostate cancer outcomes study. *J Natl Cancer Inst*. 2001;93(24):1864-71.
4. Smith D, Picker J, Armstrong B. Patterns of care for prostate cancer in NSW: Preliminary results from the Prostate Cancer Outcomes Study. Annual Conference of the Australian Prostate Cancer Collaboration. Garvan Institute Sydney 2006.
5. Kirschner-Hermanns R, Jakse G. Quality of life following radical prostatectomy. *Crit Rev Oncol/Hematol*. 2002;43(2):141-51.
6. Petry H, Berry D, Spichiger E et al. Responses and experiences after radical prostatectomy: perceptions of married couples in Switzerland. *Int J Nurs Stud*. 2004;41(5):507-13.
7. Alivizatos G, Skolarikos A. Incontinence and erectile dysfunction following radical prostatectomy: a review. *Sci World J*. 2005;5:747-8.
8. Yo-Ko W, Sawatzky J. Understanding urinary incontinence after radical prostatectomy: a nursing framework. *J Clin Oncol Nurs*. 2008;12(4):647-54.
9. Kirschner-Hermanns R, Borchers H, Reineke T, Willis S, Jakse G. Fecal incontinence after radical perineal prostatectomy: a prospective study. *Urol*. 2005;65(2):337-42.
10. Liatsikos E, Assimakopoulos K, Stolzenburg J. Quality of life after radical prostatectomy. *Urol Int*. 2008;80(3):226-30.
11. Fan X, Heyes S. Men's experiences of urinary incontinence after prostatectomy. *Cancer Nurs Pract*. 2012;11(9):29-34.
12. Hamilton Z, Mirza M. Post-prostatectomy erectile dysfunction: contemporary approaches from a US perspective. *ResRep Urol*. 2014;6:35-41.
13. Nelson C, Scardino P, Eastham J, Mulhall J. Back to baseline: erectile function recovery after radical prostatectomy from the patients' perspective. *J Sex Med*. 2013;10(6):1636-43.
14. Walsh E, Hegarty J. Men's experiences of radical prostatectomy as treatment for prostate cancer. *Eur J Oncol Nurs*. 2010;14(2):125-33.
15. Milne J, Spiers J, Moore K. Men's experiences following laparoscopic radical prostatectomy: A qualitative descriptive study. *Int J Nurs Stud*. 2008;45(5):765-74.
16. Roth A, Weinberger M, Nelson C. Prostate cancer: quality of life, quality of life, psychosocial implications and treatment choices. *Future Oncol*. 2008;4(4):561-88.
17. Gannon K, Guerro-Blanco M, Patel A, Abel P. Re-constructing masculinity following radical prostatectomy for prostate cancer. *The Aging Male*. 2010;13(4):258-64.

18. Iyigun E, Ayhan H, Tastan S. Perceptions and experiences after radical prostatectomy in Turkish men: a descriptive qualitative study. *App Nurs Res*. 2011;24(2):101-9.
19. Department of Health. The NHS Cancer Plan: A Plan for investment. A Plan or reform. London: Department of Health 2000.
20. Bourn J. Tackling Cancer: Improving the Patient Journey. London: National Audit Office 2005.
21. Department of Health. Cancer patient experience survey 2011/12. National Report. London: Department of Health; 2012.
22. National Institute for Health and Care Excellence. Prostate cancer: diagnosis and treatment. London: National Institute for Health and Care Excellence; 2014.
23. Willener R, Hantikainen V. Individual quality of life following radical prostatectomy in men with prostate cancer. *Urol Nurs*. 2005;25(2):88-100.
24. Burt J, Caelli K, Moore K, Anderson M. Radical prostatectomy: Men's experiences and postoperative needs. *J Clin Nurs*. 2004;14(7):883-90.
25. Butler L, Downe-Wamboldt B, Marsh S, Bell D, Jarvi K. Quality of life post radical prostatectomy: A male perspective. *Urol Nurs*. 2001;21(4):283-8.
26. Clark J, Bokhour B, Inui T, Sillman R, Talcott J. Measuring patients' perceptions of the outcomes for early prostate cancer. *Med Care*. 2003;41(8):923-6.
27. Moore KN, Estey A. The early post-operative concerns of men after radical prostatectomy. *J Adv Nurs*. 1999;29(5):1121-9.
28. O'Shaughnessy P, Laws T. Australian men's long term experience following prostatectomy: A qualitative descriptive study. *Contemp Nurse*. 2009-10;34(1):98-109.
29. Gray RE, Fitch M, Phillips C, Labrecque M, Fergus K. Managing the impact of illness: the experiences of men with prostate cancer and their spouses. *J Health Psychol*. 2000;5(4):531-48.
30. Hedsetig O, Sandman PO, Tomic R, Wildmark A. Living after radical prostatectomy for localised cancer patients and their spouses. *Acta Oncol*. 2005;44(7):679-86.
31. Lassen B, Gattinger H, Saxer S. A systematic review of physical impairments following radical prostatectomy: effect of psychoeducational interventions. *J Adv Nurs*. 2013;69(12):2602-12.



## Appendix I: Appraisal instrument

### QARI appraisal instrument

#### JBI QARI Critical Appraisal Checklist for Interpretive & Critical Research

Reviewer ..... Date .....

Author ..... Year ..... Record Number .....

	Yes	No	Unclear	Not Applicable
1. Is there congruity between the stated philosophical perspective and the research methodology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there congruity between the research methodology and the research question or objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there congruity between the research methodology and the methods used to collect data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there congruity between the research methodology and the representation and analysis of data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there congruity between the research methodology and the interpretation of results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a statement locating the researcher culturally or theoretically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the influence of the researcher on the research, and vice-versa, addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are participants, and their voices, adequately represented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal:  Include  Exclude  Seek further info.

Comments (Including reason for exclusion)

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## Appendix II: Data extraction instrument

### QARI data extraction instrument

#### **JBI QARI Data Extraction Form for Interpretive & Critical Research**

Reviewer ..... Date .....

Author ..... Year .....

Journal ..... Record Number .....

#### **Study Description**

Methodology  
 \_\_\_\_\_  
 \_\_\_\_\_

Method  
 \_\_\_\_\_  
 \_\_\_\_\_

Phenomena of interest  
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Setting  
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Geographical  
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Cultural  
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Participants  
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Data analysis  
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Authors Conclusions  
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 \_\_\_\_\_

Comments  
 \_\_\_\_\_  
 \_\_\_\_\_

Complete

Yes

No

Findings	Illustration from Publication (page number)	Evidence		
		Unequivocal	Credible	Unsupported

Extraction of findings complete

Yes

No