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Title: QUALITY OF LIFE IN PATIENTS WITH SPINAL CORD INJURIES FOLLOWING CYSTECTOMY AND CONTINENT URINARY DIVERSION USING THE INDIANA POUCH

Aims of Study:

Surgical therapy is often used for management of neurogenic bladder dysfunction after spinal cord injury. However, patient satisfaction and quality of life outcomes have not been well-examined in this patient population. This study was designed to evaluate overall clinical outcomes and quality of life in spinal cord injured patients who have undergone cystectomy and continent urinary diversion.

Methods:

All 18 patients who have undergone cystectomy with Indiana pouch urinary diversion for spinal cord injury at our institution during the past 12 years were reviewed. Structured telephone interviews were conducted by an independent investigator. Previously validated generic and disease-specific quality of life instruments including the Short Form 36 (SF-36) Health Survey and the Spinal Cord Injury Lifestyle Scale (SCILS) were utilized. Subjects were also asked a series of questions regarding their overall health self-perception, and willingness to repeat the procedure or recommend it to others. Clinical information including demographic data, co-morbidities, and surgical complications were obtained by a retrospective structured chart review.

Results:

Sixteen patients (89%) completed the telephone survey (6 male, 10 female). Mean age was 43 years (range 22-77) and mean followup was 7.6 years (range 2-12). Twelve subjects (75%) had at least 5 years of followup. All subjects rated their urinary and overall health as much better than prior to surgery. Good quality of life was demonstrated across each of the domains of the SF-36 and the SCILS. In addition, all subjects indicated they would repeat the procedure or recommend it to others with a similar clinical condition.

Conclusions:

These data demonstrate that cystectomy with continent urinary diversion is well-tolerated in spinal cord injured patients. Long-term followup reveals good overall and disease specific quality of life outcomes.

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