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# THE LONG TERM FOLLOW-UP OF MYELODYSPLASTIC PATIENTS WITH VIDEOURODYNAMIC FINDINGS AFTER AUGMENTATION ILEOCYSTOPLASTY: IS WARRANTED?

### Hypothesis / aims of study

The aim of this study is to evaluate the importance of postoperative videourodynamic (VUDE) studies after augmentation ileocystoplasty in myelodysplastic patients.

#### Study design, materials and methods

We retrospectively reviewed the records of 62 myelodysplastic patients who underwent augmentation ileocystoplasty, using a standard technique. All patients underwent postoperative VUDE for three times at regular intervals. Their charts, imaging studies and VUDE data before and after surgery were analyzed. The mean follow-up after augmentation ileocystoplasty was 9.2 years.

#### **Results**

Following surgery prevalence of urinary continence was 89%. No significant upper tract changes were observed. Postoperative augmentation ileocystoplasty dysfunction was confirmed urodynamically in 55% of patients during the 1<sup>st</sup> postoperative VUDE with a significant correlation to post-augmentation incontinence and high detrusor pressure was predominant in 40%. Improvement of augmentation function was satisfied in 21% and 11% during the repeated post augmentation follow up 2<sup>nd</sup> and 3<sup>rd</sup> VUDE, respectively. Also, 3 patients with normal VUDE parameters during the 1<sup>st</sup> postoperative VUDE, had abnormal parameters during repeated VUDE. Postoperative VUDE images of patients, who remained incontinent after surgery, demonstrate a significant (p<0.001) correlation with open bladder outlet.

#### Interpretation of results

Post augmentation ilecystoplasty outcome related to the pathophysiology and the anatomy of augmentation e.g. small capacity, loss of compliance, high detrusor pressure and open bladder outlet morphology.

#### Concluding message

Our study provides evidence that post-operative VUDE studies are essential in detecting the dysfunction pattern of augmentation ilecystoplasty. So, the early identification and treatment of this dysfunction decrease the need for surgical interference in this myelodysplastic group, thus, improving patient outcome.

Specify source of funding or grant	University Medical Center Groningen- The Netherlands
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Prof.dr. Rien Nijman
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes