

## DETRUSOR MYOMECTOMY : LONG TERM FUNCTIONAL RESULTS

### Hypothesis / aims of study

Detrusor Myomectomy (DM), has been used for sometime as a recognised method of bladder augmentation for refractory detrusor overactivity (DO). The main advantage is to avoid a major procedure like enterocystoplasty with its associated complications. Only a few institutes have reported their long term experience with variable success. We report our longterm experience with this procedure.

### Study design, materials and methods

We retrospectively reviewed 33 patients with urodynamically proved DO , who had DM performed between 1995 and 2002. There were 7 males and 26 females. The mean age was 33 years (5-62). 18 patients had Idiopathic DO (IDO), whereas 15 had Neurogenic DO (NDO).The mean preop cystometric capacity was 290 mls, while mean maximum amplitude of detrusor contraction was 44 cm/H<sub>2</sub>O.

### Results

24 patients had DM alone, 8 had DM alongwith Artificial urinary sphincter, while 1 had DM alongwith transuretero-ureterostomy. The mean maximum followup was 148 months (108-192). 55.5% (10 of 18) of patients with IDO and 40% of NDO (6 out of 15) had improvement in cystometric capacity (mean :458 mls ) and marked improvement in symptoms. DO was completely abolished in 11 patients and reduced significantly in remaining 5 . Overall success rate of 48.5% (16 of 33) was achieved. 75% (12) of these 16 patients have to use intermittent self catheterizations (3-6 times /day) to empty bladder. Among the remaining 17 patients who didn't improve, 6 had CLAM enterocystoplasty performed, 2 are awaiting to have CLAM performed, 1 had postoperative SPC inserted, while 8 decided not to pursue any treatment.

### Interpretation of results:

In this historical series DM achieves a success rate of nearly 50% though 75% of these patients have to use intermittent self catheterization to achieve complete bladder emptying. Success rate was slightly higher in IDO than NDO ( 55.5% vs 40%). In failed cases CLAM was performed without any problems.

### Concluding message

CLAM enterocystoplasty still remains the gold standard surgical treatment. DM achieves a reasonable success rate, but we would emphasize that this success rate is no better than newer less invasive treatment options such as newer anticholinergics, neuromodulation and intravesical BOTOX which were not available previously. Although DM can be discussed as a treatment option, but we recommend that these newer less invasive options should also be given consideration.

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<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>No</b>
<b><i>This study did not require ethics committee approval because</i></b>	<b>Retrospective audit.</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>No</b>
<b><i>This study did not follow the Declaration of Helsinki in the sense that</i></b>	<b>not needed</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>No</b>