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Jiang X¹, Yang J¹, Wei W¹, Liu J¹, Shen Y¹, Shen Y¹, Shen Y¹

1. Dalian Friendship Hospital

THE VALUE OF CYSTOSCOPE AND BLADDER HYDRODISTENTION UNDER NO-ANESTHESIA IN THE DIAGNOSIS OF INTERSTITIAL CYSTITIS

Hypothesis / aims of study

To evaluate the clinical efficacy of bladder hydrodistention and cystoscopy under no- anesthesia in the diagnosis of interstitial cystitis (IC).

Study design, materials and methods

12 patients with suspected IC in clinical received bladder hydrodistention and cystoscopy under no-anesthesia .when showing of an intense urge to void with the bladder filled to 150 cm³ water during cystometry, using a fill rate of 30–100 cm³/min, cystoscopy were performed. compared with O'Leary-Sant IC and the QOL score postoperation in 3days.

Results

Cystoscopy found 10 patients of typical erythema and small spherical bleeding, 4 cases of the bladder mucosa scattered small fountain-like active bleeding,2 cases of typical hunner ulcer. there were 10 cases of significantly gross hematuria after bladder expansion. the pain was reduced significantly than before cystoscopy. O'Leary-Sant IC and the QOL score were significantly decreased (P = 0.000) in 3days postoperation respectively and dysfunctional capacity were significantly 1ncreased (P = 0.000). there are statistical significance. the frequency of urination decreased significantly than before. But symptom rebounds after bladder hydrodistention and cystoscopy. 12 cases received the treatment of bladder hydrodistention and intravesical sodium hyaluronate. the treatment effects verified the diagnosis of interstitial cystitis (IC) ulteriorly.

Interpretation of results

the treatment effects verified the diagnosis of interstitial cystitis (IC) ulteriorly.

Concluding message

bladder hydrodistention and cystoscopy under no- anesthesia is a effective and convenient way in the diagnosis of interstitial cystitis (IC). This approach is worthy of clinical use.

Disclosures

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