

Author(s) KHASTGIR JN, SHAH N, LANE T, SHAH PJR
Institution, city, country ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, STANMORE, UNITED KINGDOM
Title (type in CAPITAL LETTERS, leave one blank line before the text) 'CLAM' AUGMENTATION ILEOCYSTPLASTY FOR DETRUSOR HYPERREFLEXIA IN SPINAL CORD INJURIES: OUTCOMES AND EFFECTIVENESS
<p><u>Aims of study:</u> Bladder augmentation is a well-recognised treatment option for the management of detrusor hyperreflexia resistant to control by conservative measures. It has not, however, been thoroughly evaluated in neuropathic bladders secondary to spinal injuries. We retrospectively reviewed our experience of augmentation cystoplasty in those who wished to retain continence and were prepared to perform intermittent self-catheterisation. Our review comprehensively included clinical followup, histological studies, and a postal questionnaire to assess quality of life following the procedure. This has not been done in spinal injured patients to date.</p>
<p><u>Methods:</u> Between 1987 and 1998 thirty-four spinal cord injured patients with proven hyperreflexia with small bladder capacities on videourodynamics who were unable to tolerate anticholinergic suppression underwent clam-ileocystoplasty. Standard operative procedures was followed with or without a Mitrofanoff procedure. Videourodynamic, ultrasound, and clinical reviews were performed at 3, 6, and 12 months, and subsequently 12 monthly. From year 5 post-op, annual bladder biopsies were obtained for histological assessment. Finally, a detailed mailed quality of life questionnaire and telephoned interview assessed patients' perceptions of outcome.</p>
<p><u>Results:</u> 32 patients were followed-up for a mean of 6.0 +/- 3.6 years. All are fully continent (100%) 28 perform intermittent self-catheterisation, and 4 chose to retain their suprapubic catheters. There was a significant ($p < 0.01$) post-operative improvement in the bladder capacity (mean 578 +/- 204 ml) and reduction in the detrusor pressures (mean 18 +/- 11 cm H₂O) from pre-operative values (mean 156 +/- 85 ml and 102 +/- 36 cm H₂O respectively). Vesico-ureteric reflux was noted in six patients pre-operatively and resolved spontaneously in 5 (83.6%) and 1 required an injection of Macroplastique (STING). Recurrent urinary tract infections in 7 patients pre-operatively improved in 5 following the procedure. One person (2.9%) suffered from new recurrent urinary tract infections and catheter blockages, 2 (5.8%) had recurrent bladder stones, and 1 (2.9%) takes Oxybutynin for residual hyperreflexia. No upper tract changes were detected in any (0%). 31 patients report an excellent quality of life and would recommend the procedure to others.</p>
<p><u>Conclusions:</u> Augmentation ileocystoplasty is an excellent treatment option for uncontrolled hyperreflexia in spinal injured patients. Complete continence and low pressures without medication is achievable with few complications.</p>