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Title (type in CAPITAL LETTERS, leave one blank line before the text)  <b>BIOFEEDBACK: IS IT EFFECTIVE FOR URETHRAL SYNDROME?</b>  <b>Introduction:</b> The term urethral syndrome is used liberally to label the symptoms of frequency and voiding dysfunction, commonly seen in urology clinics. Pain or discomfort also tends to be a major component of this condition. Urodynamically, higher urethral closure pressures in the external sphincter and spastic behavior presented in the majority of patients with these conditions. Clear correlation between irritative symptoms and spasticity or non-relaxation of the urethral sphincter can be demonstrated. So it can be induced that the voluntary relaxation of urethral sphincter can be a non-invasive, cost effective therapeutic alternatives. To evaluate therapeutic value of biofeedback in management of irritative voiding symptoms that are correlated pain or discomfort was the goal of the study <b>Methods:</b> Eighteen consecutive patients were studied with EMG biofeedback. Most dominants complain was pain or discomfort combined with irritative voiding symptoms. But if there was infection on urine, the patients were excluded. On Every session, each patient exercised pelvic floor muscles for 20 min (not for strengthening but for relaxation) with understanding of voiding physiology. Session interval changed once a week from twice a week after acquiring exercise skills. Total 12 session was performed. To facilitate the awareness and relaxation, low pulse frequency electrical stimulation added

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**Results:** After 5-6 session (2-3 week), patients came to exercise effectively. So most of them, except four cases, can relieve pain or discomfort voluntarily. After that, their voiding interval increased step by step. Mean micturitions were decreased 6 times a day from above twelve, nocturia changed 3.7 times to zero to 1 time a night.

**Conclusion:** Although the etiology of urethral syndrome is obscure and therapeutic approaches are variable, the chronic voiding dysfunction such like the detrusor sphincter dyssynergy is outstanding as a causality of urethral syndrome. So biofeedback for synergic relaxation of external urethral sphincter has some therapeutic values as a direct approach in the management of urethral syndrome. When the patients restore voluntary control over the involuntary spastic behavior of external sphincter, the discomfort from the urethra could be resolved in many of them.