

Author(s) Heo Jeong Moon
Institution, city, country Pusan National Veteran Hospital, Pusan, Korea
Title (type in CAPITAL LETTERS, leave one blank line before the text) RECRUIT INCONTINENCE
<p><u>Aims of Study:</u> Military recruits often have difficulty urinating regularly due to special circumstances such as basic military training. Some recruits complain voiding symptoms, like frequency, urgency, and incontinence after joining the military. Recruit incontinence is a term used in this study to describe military recruit suffering incontinence but have no prior history of incontinence before joining the military and do not have relevant associated conditions, such as urinary tract infection, neurological disorder or anatomical abnormality of lower urinary tract. The cause of recruit incontinence was unclear and required warranted investigation.</p> <p><u>Methods:</u> Author examined 15 military patients who had recruit incontinence. All the patients were men with mean age of 21.7 (range 21-23). Patients' assessment consisted of history, combined symptoms, psychiatric problem, and urodynamic study (cystometry and pressure-flow-EMG study).</p> <p><u>Results:</u> Some of the patients had frequency (60.0%) and enuresis during childhood (26.7%) before joining the military. All of the patients, while undergoing basic military training, were severely restrained from urinating due to various factors, making their urination patterns irregular. So all of them had to extensively hold their urine numerous times during basic training. The examined patients had combined symptoms of frequency (93.3%), urgency (80.0%), intermittent lower abdominal pain (60.0%) and hesitancy (53.3%). After psychiatric consultation, two of the examined patients had mild depression, but did not require medication. Urodynamic study of the 15 patients showed that the first sensation of bladder fullness was 42-125 ml (average: 85 ml) and the bladder capacity was 170-450 ml (average: 253 ml), and 12 (80.0%) of the patients had detrusor instability. However, none of the patients showed detrusor external sphincter dyssynergia. The patients received conservative therapy like bladder training and medication. During a mean follow-up period of 11.2 months (range 8-17 months), two patients (13.3%) had complete resolution, nine (60.0%) had improvement, but four (26.7%) did not.</p> <p><u>Conclusions:</u> Patients suffering from recruit incontinence had histories of severely restrained urination and irregular urination patterns. Urodynamic study found that 80.0% of the patients had detrusor instability. Recruit incontinence is closely related to idiopathic detrusor instability, and further study of recruit incontinence will provide helpful information in understanding idiopathic detrusor instability.</p>

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