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Title (type in CAPITAL LETTERS, leave one blank line before the text)	
<p>PROLONGED BLADDER DISTENSION AND RETRAINING FOR INTRACTABLE DETRUSOR INSTABILITY</p>	
<u>Aims of Study</u>	
<p>Intractable detrusor instability is a difficult problem to manage. If medical and behavioural therapies fail a number of surgical interventions may be considered. Prolonged bladder distension techniques have been described for the management of detrusor instability and interstitial cystitis. Short to medium term success rates and complication rates have been variable and the place of prolonged bladder distension has been questioned (1). We report our experience with the procedure combined with in patient bladder retraining over the last 10 years.</p>	
<u>Methods</u>	
<p>All women undergoing prolonged fluid bladder distension under regional anaesthesia were identified from the Reed coding system. The notes were analysed retrospectively and improvement, complications and further treatment reported up to 4 years following surgery.</p>	
<u>Results</u>	
<p>Data was available from 66 procedures. Fifty one women (77.3%) reported an initial improvement in symptoms six weeks following the cystodistension. Symptom relief was limited in 23 cases (34.8%) who required further adjuvant therapy or repeat bladder distension. Twenty five of the remaining 28 women (42.4%) reported sustained improvement, not requiring further treatment, at 2 years. Fifteen women (22.7%) received no benefit from the initial procedure and underwent further treatment including clam ileocystoplasty in two cases. No major perioperative complications were reported and there were no cases of bladder rupture.</p>	
<u>Conclusions</u>	
<p>Prolonged bladder distension with in patient retraining appears to have medium term success with few complications in some women with intractable detrusor instability. However any benefit over inpatient retraining alone has not been formally investigated and further work is required to assess long term outcome and allow appropriate case selection.</p>	
<u>References</u>	
<p>(1) Prolonged bladder distension: experience in the treatment of detrusor overactivity and interstitial cystitis. <i>European Urology</i> (1995) 28: 325-327</p>	