

Author(s)	AC Carter, RB Kinder		
Institution, city, country	Cheltenham General Hospital, Cheltenham, UK		
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<b>ILEAL CONDUIT FOR URINARY INCONTINENCE: 11 YEAR EXPERIENCE FROM A SINGLE CENTRE</b>			
<b>Aims of study:</b> Ileal conduit urinary diversion for intractable urinary incontinence is a treatment of last resort. There are however a group of patients where this procedure represents the best option to provide long term urinary storage. We wished to review and report the clinical experience of this treatment over an 11 year period at 1 institution.			
<b>Methods:</b> A retrospective notes review was undertaken of those patients who had received ileal conduit urinary diversion for urinary incontinence since the appointment of one of the authors to the post of Consultant Urologist at a District General Hospital in the UK in 1988. The study population was subdivided into 3 groups: patients who had chronic inflammatory cystitis (Grp 1), bladder dysfunction secondary to a diagnosable neurological disorder (Grp 2) and severe incontinence of unknown aetiology (Grp 3).			
<b>Results:</b> A total of 34 patients were identified for study, the details of which are shown below.			
	Group 1	Group 2	Group 3
Number	9	16	9
Mean age at diversion (yrs)	69.4	54	42.7
Median T. from presentation to referral (mths)		10	19
Median T from referral to diversion (mths)	13	41	44.5
Median T with catheter drainage (months)	N/A	22	36
Mean survival with conduit (months)	81.4	50.3	70.9
Early (<30days) and late postoperative complications were seen overall in 29% and 61% of patients respectively. The re-operation rate was 42.4%. Stomal problems were exclusively seen in Grp 3, with all but one patient suffering stomal related morbidity. The total condition related mortality was 15%.			
<b>Conclusions:</b> Ileal conduit urinary diversion successfully provides long term relief of urinary incontinence in a highly selected group of debilitated patients. The treatment is associated with a high re-operation rate and so rightly should be considered 'last resort'. There is a sub-group of female patients, with bladder failure of obscure aetiology, who suffer a high rate of stomal morbidity.			

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