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Title (type in CAPITAL LETTERS, leave one blank line before the text)  QUALITY OF LIFE IN WOMEN WITH INTERSTITIAL CYSTITIS FOLLOWING CYSTOURETHRECTOMY AND CONTINENT URINARY DIVERSION USING THE INDIANA POUCH  <u>AIMS OF STUDY</u> The role of surgical therapy in the management of patients with interstitial cystitis refractory to conservative treatments remains controversial. This study evaluated the quality of life in women with intractable interstitial cystitis treated with cystourethrectomy and continent urinary diversion using the Indiana pouch.  <u>METHODS</u> All 29 women who have undergone cystourethrectomy with Indiana pouch urinary diversion for intractable interstitial cystitis at our institution were reviewed. An independent investigator conducted structured telephone interviews and administered two previously validated survey instruments: The Short Form 36 Health Survey (SF-36) and the Wisconsin Brief Pain Inventory (W-BPI). Subjects were also asked a series of questions regarding health self-perception, willingness to repeat or recommend the surgery to others, and overall satisfaction with therapy. Clinical information including demographic data, prior treatments for interstitial cystitis, comorbidities, and surgical complications were obtained by a structured retrospective chart review.  <u>RESULTS</u> Twenty-two (22) subjects completed the telephone survey, 4 were lost to followup, 2 have died, and 1 declined to participate. Mean patient age at the time of surgery was 49.5 years (range 24 - 72), and mean postoperative followup was 7.1 years. Preoperative mean cystometric bladder capacity under anesthesia was 495 mL (range 75 - 1200). No subjects reported residual pain according to the W-BPI. Compared to their preoperative status, 86.4% reported their current health as much improved, 4.5% improved, and 9.0% unchanged. Twenty-one (95.5%) would repeat surgery and recommend it to others. Overall satisfaction ratings were 27.3% delighted, 40.9% pleased, 22.7% mostly satisfied, and 9.0% unhappy. Compared to SF-36 normative data for the general population, 63.6% were within 1 standard deviation from the mean for the physical component score and 81.8% for the mental component score.  <u>CONCLUSIONS:</u> Cystourethrectomy with Indiana pouch urinary diversion appears to be a viable treatment option for women with intractable interstitial cystitis.

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