

## **ADEQUATE TRANSURETHRAL SPHINCTEROTOMY (TURS) LEADS TO SIGNIFICANT IMPROVEMENT IN AUTONOMIC DISREFLEXIA IN SPINAL CORD INJURY PATIENTS**

### **Aims of Study**

Aside from analysing the diagnostic significance and association of autonomic disreflexia (AD) and detrusor sphincter dyssnergia (DSD), Cystometric examinations before and after TURS with B.P. monitoring are helpful to determine the adequacy of TURS.

### **Methods**

This study includes 40 male SCI patients (T5 and higher) who opted for TURS to improve bladder drainage. Cystomanometric examination before and later 3 months after TURS was accomplished using same equipment. Rise in systolic and diastolic B.P. maximum at bladder capacity, maximum bladder pressures, and post void residual urine volumes were recorded.

### **Results**

Previously published studies in non-sci patients show a mean rise in systolic and diastolic pressure of 9.3 (10-18) and diastolic rise of 6.0 mm hg. (Range 2-8 mm hg). Mean rise in SCI patients of systolic B.P. before TURS was 31.0 mm hg ( Range10-60 mm hg). However, in 4 of these patients there was a rise of 60 to100 mm hg. After TURS the mean rise was 12.0 mm hg (Range 0-20). This was significant (p-value < .001). Mean diastolic rise before TURS was 12.3 mm hg ( Range 5-40) and after TURS was 5.1 (0-20) (p-value <.0028 ). After TURS 8 patients showed a systolic rise of 40 to 80 mm hg and diastolic rise of 20 to 40 mm hg. This correlated clinically with difficulty in emptying, with high residuals and high voiding pressures and significant AD still requiring medications. Repeat TURS improved voiding and significantly ameliorated AD in all these patients.

### **Conclusions**

This study emphasizes the association of AD and DSD as a complex syndrome. which is relieved following adequate TURS. Presence of significant AD after TURS indicates inadequate TURS.