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MODIFIED SUPRATRIGONAL BLADDER TRANSECTION FOR THE TREATMENT OF SEVERE RESISTANT DETRUSOR INSTABILITY

Aims of Study

Bladder transection procedure has been popularised by Mundy in the 80s. Since 1983, no recent reports have been published in the literature. Bladder transection is one of the few available surgical tools for the treatment of severe urge incontinence patients who fail to respond to conservative treatment. This study is a revival of the procedure.

Methods

Six adult patients (5 males and 1 female) aged 24 to 47 years old (mean 35 years) underwent the procedure. They had severe urgency, frequency, urge incontinence and nocturnal enuresis for at least ten years. They have failed to respond to all available conservative treatment. Urodynamic study revealed strong and frequent detrusor instability in spite of adequate bladder capacity. Modified supratrigonal bladder transection procedure was performed to the patients after having their consent. Bladder transection was limited to the posterior and posterolateral aspects of the bladder wall. The bladder was resutured again and a suprapubic catheter was left for two weeks. All six patients were followed using pad test and cystometry every 3 months post-operatively.

Results

There was no major intra- or post-operative complications. Five patients (83.3%) were dry post-operatively. Urodynamic study revealed significant decrease of both frequency and amplitude of Detrusor instability. In 2 patients, no involuntary bladder contractions could be detected. The major side effect of the procedure was a significant decrease in the functional bladder capacity from 437 c.c. to 217 c.c. ($p=0.001$). The patients were followed for 10 to 26 months (mean 18 months). Improvement of the irritative symptoms persisted in 4 patients, the fifth patient had a gradual deterioration after one year to the pre-operative condition.

Conclusions

Modified Supratrigonal bladder transection procedure is an effective and safe tool in the armamentarium of the urologists in the treatment of the severe resistant urge incontinence. The procedure is much simpler than augmentation cystoplasty and as effective as Detrusorotomy procedure.