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# IS A CLOSED BLADDER NECK ON PREOPERATIVE VIDEOURODYNAMIC FINDING AN IMPORTANT FACTOR FOR CONTINENCE FOLLOWING AUGMENTATION ILEOCYSTOPLASTY IN MYELODYSPLASTIC PATIENTS?

# Hypothesis / aims of study

The aim of this study is to evaluate the importance of a closed bladder neck during videourodynamic studies in relation to urinary continence following augmentation ileocystsoplasty in myelodysplastic patients.

# Study design, materials and methods

We retrospectively reviewed the records of 19 myelodysplastic patients who underwent augmentation ileocystoplasty, using a standard technique. All patients had a closed bladder neck during preoperative videourodynamic studies (VUDE). Their charts, imaging studies and VUDE data before and after surgery were analyzed. The mean follow up after augmentation ileocystsoplasty was 7.9 years.

### Results

The overall incidence of urinary incontinence following augmentation ileocystsoplasty was 16%. Continence was achieved in 16 of 19 (84%) patients with no additional procedures. No significant upper tract changes developed. A clinically apparent tethered cord significantly hindered the achievement of continence. No significant correlation was found between the videourodynamic parameters and obtaining continence. Univariate analysis showed that tethering of the spinal cord had a significant negative correlation to postoperative urinary continence in this group of patients.

# Interpretation of results

Neurological deterioration caused by spinal cord tethering is important prognostic factor for impaired urinary continence mechanism. This may be due to the result of ischaemic changes from tension on the cord, especially on the anatomical areas of bladder sphincteric functions.

# Concluding message

Our study provides evidence that a closed bladder neck as assessed by preoperative videourodynamic does not preclude urinary continence. It is likely that a coexisting tethered cord would actually point to postoperative urinary incontinence in this myelodysplastic group.

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