**Introduction**

“QoL” in neurogenic bladder patients

CIC: clean intermittent catheterization
SV: spontaneous voiding

Better evaluated in
- Otherwise healthy ambulant patients
- A homogenous underlying disease

**Hypothesis**

“QoL” in the long-term

CIC ≈ SV

**Subjects**

- Seventy-one patients undergoing modified Okabayashi’s radical hysterectomy (RH)
- No recurrent diseases
- No co-morbid diseases

**Methods**

- QoL
- Cross-sectionally measured
- SF-36 & King’s health questionnaire (KHQ)
- Postoperative period: < 24 months
- ANOVA
  → p<0.05; statistically significant

**Results**

Patients’ characteristics

<table>
<thead>
<tr>
<th></th>
<th>Age (y/o) at RH mean (SD)</th>
<th>QoL evaluation median</th>
<th>Age (y/o) at QoL evaluation mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SV (n=21)</td>
<td></td>
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<tr>
<td>&lt;24 mo (n=9)</td>
<td>41.3 (10.2)</td>
<td>17.1 mo</td>
<td>42.6 (10.4)</td>
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<tr>
<td>≥24 mo (n=12)</td>
<td>43.8 (10.3)</td>
<td>40.7 mo</td>
<td>50.2 (11.9)</td>
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<tr>
<td>CIC (n=50)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;24 mo (n=12)</td>
<td>44.4 (8.7)</td>
<td>10.7 mo</td>
<td>45.4 (8.7)</td>
</tr>
<tr>
<td>≥24 mo (n=38)</td>
<td>44.8 (11.2)</td>
<td>57.4 mo</td>
<td>50.4 (12.6)</td>
</tr>
</tbody>
</table>

**Interpretation of results**

“QoL” in the short-term

CIC < SV

Comprehensive supports

Response shift 1)

CIC patients
- Adapt to a new situation
- Allowed to maintain acceptable QoL

Supports for keeping their works & daily activities

**Conclusions**

- QoL is probably improving with time in CIC patients.
- Adequate supports seem to be essential for patients to accept and continue CIC, especially during an early period after starting CIC.