

#670 Quality of life in patients with clean intermittent catheterization is similar to patients with spontaneous voiding in long term after radical hysterectomy

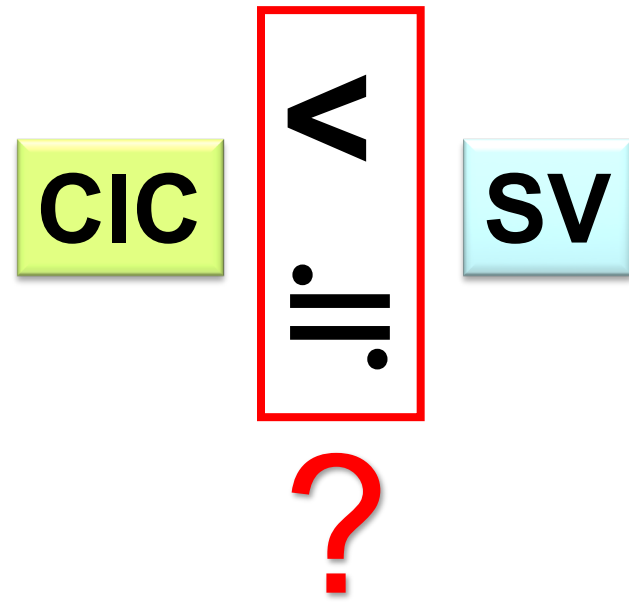
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Introduction

“QoL”

in neurogenic bladder patients



CIC; clean intermittent catheterization
SV; spontaneous voiding

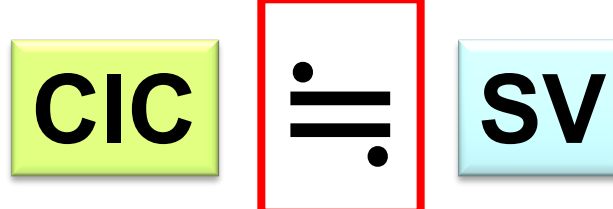
Better evaluated in

- Otherwise healthy ambulant patients
- A homogenous underlying disease

Hypothesis

“QoL”

- In the long-term



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

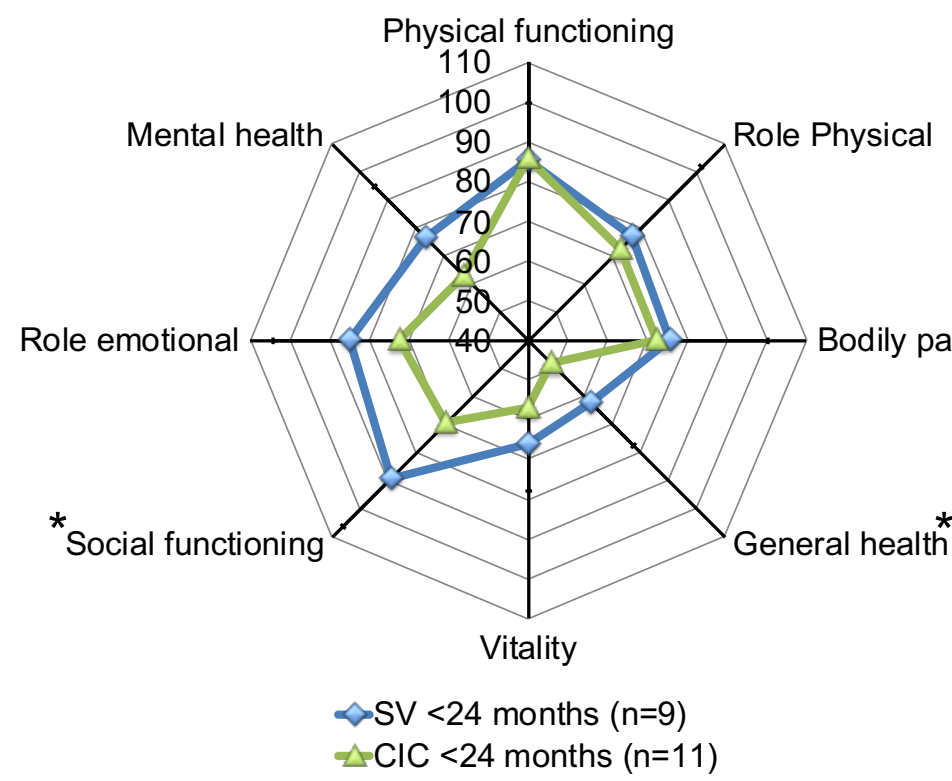
Patients' characteristics

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

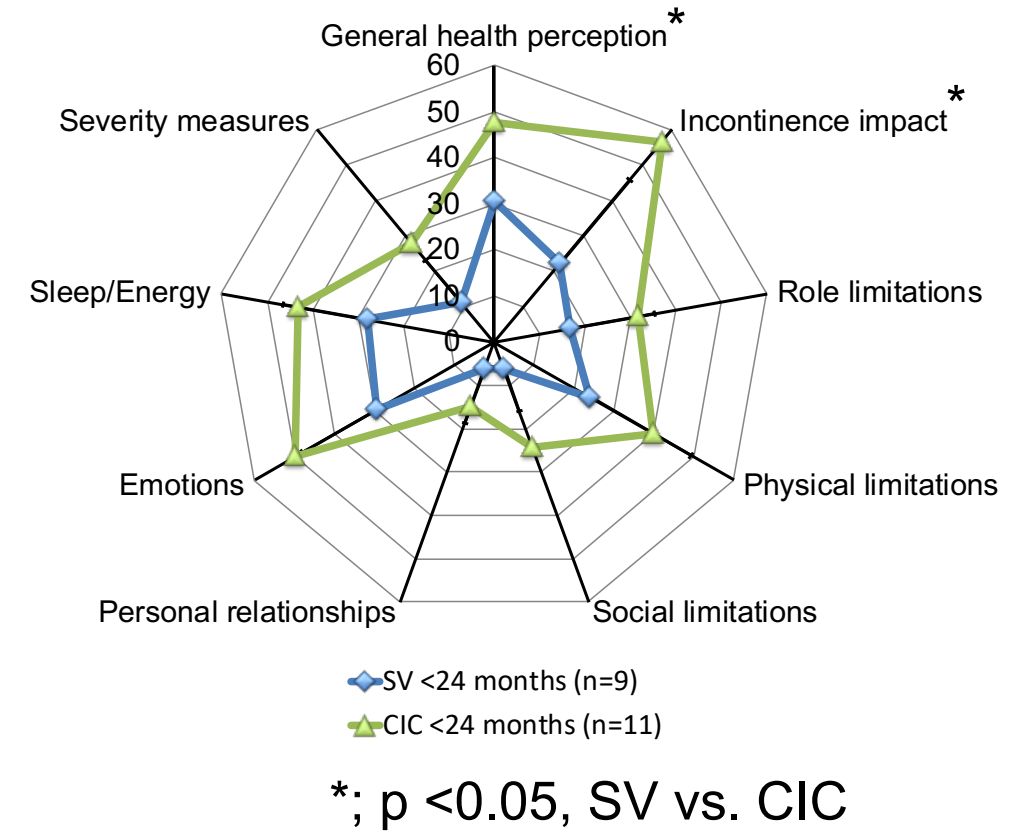
1) Gynecol Oncol 102: 563-72, 2006

<24 mo after RH

SF-36

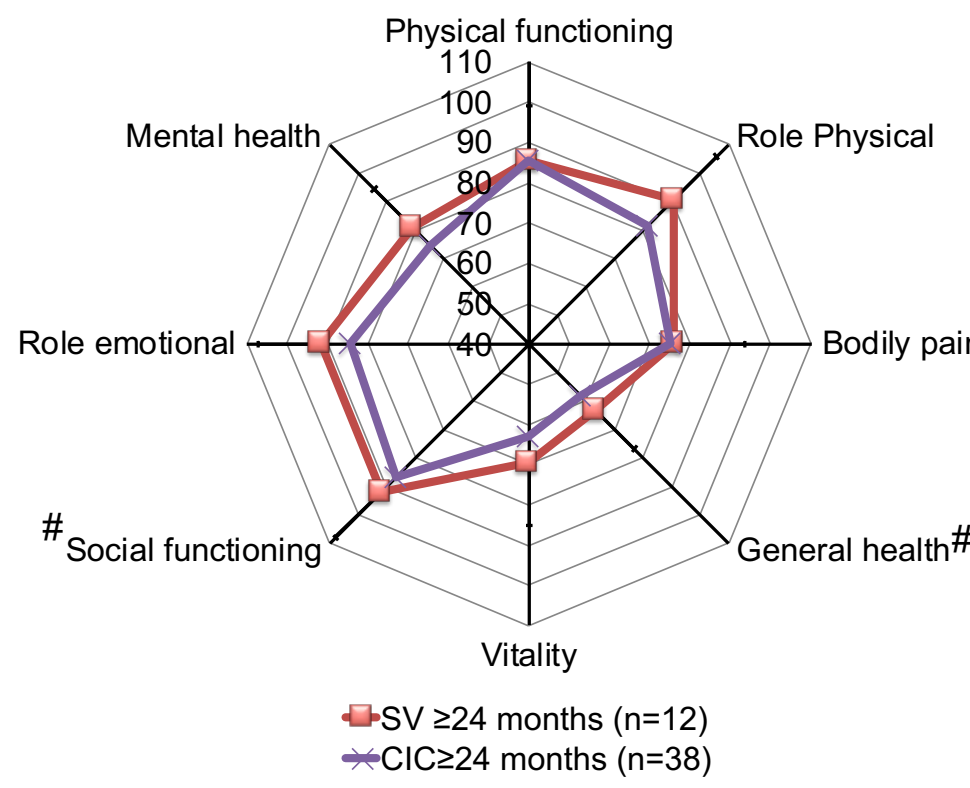


KHQ

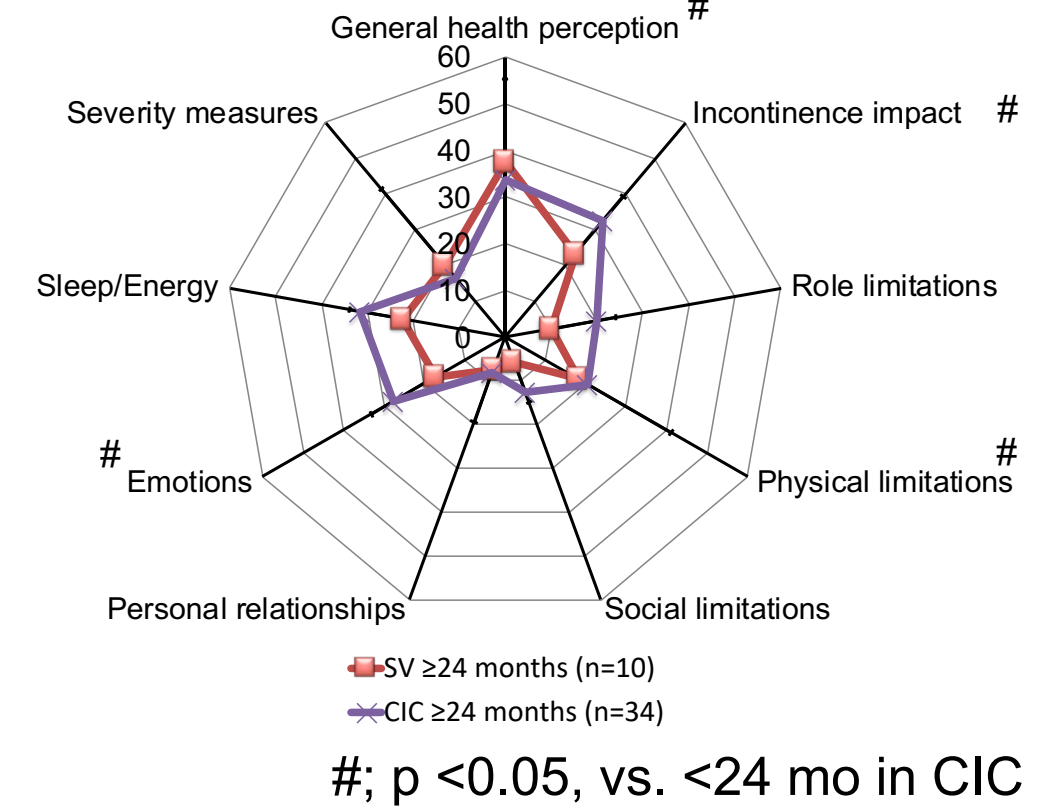


≥24 mo after RH

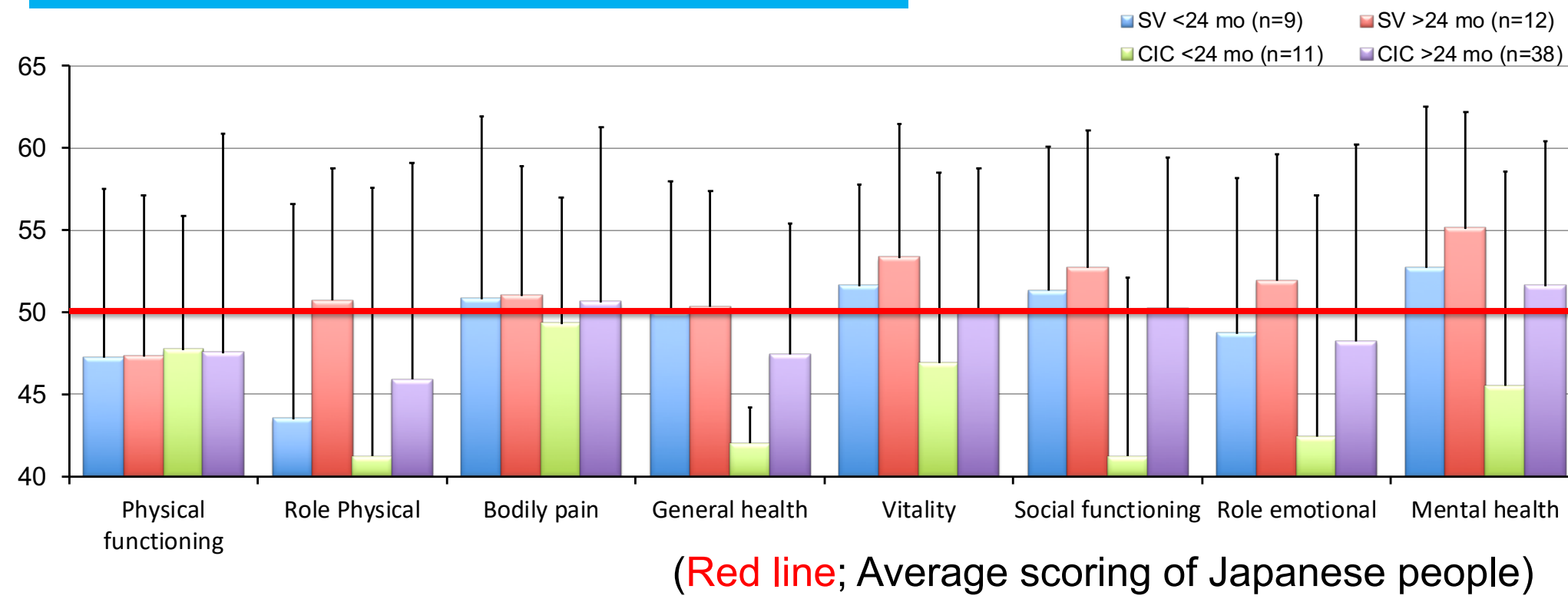
SF-36



KHQ



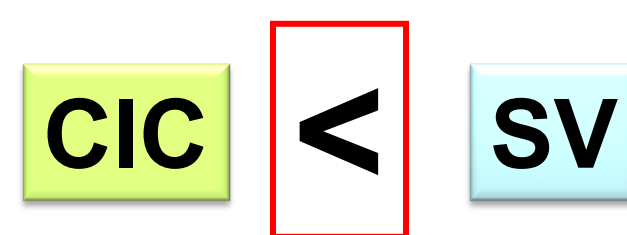
Norm-based scoring of SF-36



Interpretation of results

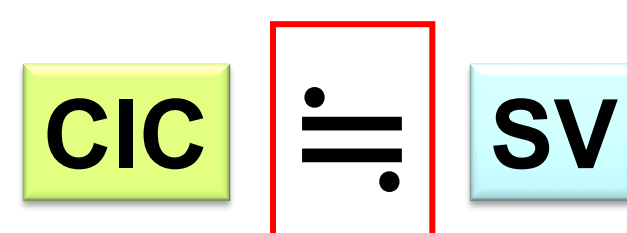
“QoL”

- In the short-term



Comprehensive supports

- In the short-term



Response shift¹⁾

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.