



Urodynamic Predictors of De novo Clean Intermittent Catheterization after Augmentation Cystoplasty for Refractory Overactive Bladder

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Abstract:

INTRODUCTION AND OBJECTIVE In developed countries, numerous minimally invasive procedures are available for refractory Overactive bladder (OAB). Augmentation ileocystoplast (AC) remains an option for cultural and economic reasons in other countries. This study aimed to evaluate preoperative urodynamic variables that may predict subjects with refractory idiopathic OAB who may need CIC after AC. **METHODS** Patients with refractory idiopathic urodynamically proven OAB completed UDI-6 and IIQ-7 questionnaires, urodynamics and post-void residual urine assessment before and 6 months after AC. Excluded from our study are subjects with suspected neurological deficit. **RESULTS** 13 patients underwent augmentation cystoplasty for refractory OAB. Rate of De novo CIC after augmentation is 30% (n=4). Peak flow rate (Q_{max}) and detrusor pressure at Q_{max} were significantly higher among subjects who did not need CIC compared to those who needed CIC after augmentation (see table). In addition, **CONCLUSIONS** Q_{max}, P_{det} at the Q_{max} and flow rate at the maximum detrusor pressure may ai to predict subjects who might require De novo CIC after AC for refractory idiopathic OAB

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