





Augmentation Cystoplasty in Neurological Patients: Results from a large case Series in a Tertiary Level Hospital Abstract #498

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INTRODUCTION AND OBJECTIVES

- Spinal Cord Injury (SCI) -> Neurogenic Lower Urinary Tract Dysfunction (NLUTD)
- ➤ Conservative treatments → more invasives → Augmentation Cystoplasty (AC)

MATERIAL AND METHODS

- □ Retrospective analysis \rightarrow NLUTD to AC 1988-2018
- Clinical History/parameters:
 - Epidemiological: age, age at surgery, disease
 - Pathological: symptoms, medication, Botox, UD results, lithiasis, tumours, VUR, complications, type of catheterisation

- Objective: to present the long-term outcomes in a series of patients with NLUTD underwent AC
- □ Statistical analysis → SPSS v.27
 - Wilcoxon test
 - McNemar test
 - Student's test
 - Binary logistic regression → effect on incidence of UTIs

125 a 490 (Z=-3.41)

RESULTS

patients. 70 included		Other results	Number patients (n,%) // Others	
' men / 23 women. October 2023		Tumours	3 (4.3%)	
Median Follow up (veare):		VUR	9 (13%). 1 reimplant/1 STING	
Median Follow up (years): 19.35 (5-35)		Complications	1 (3b)	
		Lithiasis	12 (8/4)	
Median age at the moment the surgery (years): 37.4 (10-75)		Symptoms	Urgency (21.1 → 10.6%) Incontinence (45.3 → 11.6%)	
		Risk factors for UTIs	Years since the surgery	
SCI 55 / IDO 4 / Spina I Transverse Myelitis 2 /	Bifida 4 /	Protective factors	Botox	
Transverse wyenus 27 Others 5		Non-influential factors	s Female sex	
		Type of catheterisatio	65 (93%) ISC / 5 (7%) SPC	
All patients	Never Botox 35 (48%)	Botox before and after	Botox after Botox before 7 (10%) 18 (24.66%)	

		MCC (mls)	158 a 480 (t=-10.61)	143 a 549 (Z=-3.82)	200 a 400 (Z=-1.71)	100 a 400 (Z=-1.76)	
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Pdet-max (cmH20)	67.07 a 18.43 (t=8.17)	69.5 a 19.4 (t=6.86)	50.67 a 24.89 (t=2.3)	68.75 a 26.25 (t=2.54)	72.64 a 19.50 (t=4,82)
p value (0.05)	< 0.0001	< 0.0001	0.08	0.07	< 0.0001
	< 0.0001	< 0.0001	0.05	0.08	< 0.0001

10 (14%)

CONCLUSIONS

This long-term follow-up of a large cohort of SCI patients undergoing AC demonstrates that this

technique is safe, has a low complication rate and significantly improves urodynamic outcomes