

### S32 BIOFEEDBACK THERAPY FOR URINARY INCONTINENCE AND NURSE'S ROLE

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**Introduction & Objectives:** Many complementary therapies have long histories as components of ancient traditional medical practices, but efforts to subject them to rigorous scientific investigation were initiated only in the past few decades. More research is required to verify and target the efficacy of many therapies. Currently, evidence supports the effectiveness of modalities such as acupuncture and mind-body therapies as adjuncts to mainstream treatment for amelioration of physical and emotional symptoms. Biofeedback is a form of mind-body therapies and has been defined as "a group of experimental procedures where an external sensor is used to give an indication on bodily processes, usually in purpose of changing the measured quality. Biofeedback therapy is recommended for treatment of stress incontinence, urge incontinence, and mixed incontinence. This therapy uses a computer and electronic instruments to relay auditory or visual information to the patient about the status of pelvic muscle activity. These devices allow the patient to receive immediate visual feedback on the activity of the pelvic floor muscles. Scientific knowledge about the efficacy and effectiveness of many nonpharmacological interventions is growing. By integrating nonpharmacological, adjunctive interventions into practice, nurses can create a compassionate, humane, and healing environment in critical care units. Biofeedback provides a specific reinforcement for pelvic muscle contraction. Pelvic floor biofeedback is one of the many behavioral methods offered by continence care nurses. The Society of Urologic Nurses and Associates and the Wound, Ostomy, and Continence Nurses, the Association of Rehabilitation Nurses offer important insights regarding behavioral and conservative approaches to urinary dysfunction. In this review, it is aimed to investigate the literature that pelvic muscle biofeedback to be an important treatment alternative for stress, urge, mixed urinary incontinence that it is critical that this therapy be applied judiciously.

### S33 EFFICACY AND SAFETY OF INTRAVESICAL BOTULINUM TOXIN INJECTION IN THE TREATMENT OF IDIOPATHIC BLADDER INSTABILITY

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**Introduction & Objectives:** Idiopathic bladder instability is a common condition, the management of which centres around life style modifications and anticholinergic medication. Symptoms refractory to these interventions are a challenge. Intravesical injections of Botulinum toxin has been shown to be effective in such cases. The aim of this audit was to evaluate the efficacy and safety of botulinum toxin in the management of urodynamically proven bladder instability in a small district general hospital.

**Material & Methods:** A retrospective review was performed of all patients who received intravesical botulinum toxin injections for the treatment of bladder instability by a single Urologist between January 2004 and December 2008. The dose of Botulinum toxin-A was 300 units equally divided and injected at 30 different sites into detrusor muscle. An indwelling urethral catheter was left in situ, and removed the following day. The patient was discharged if voiding satisfactorily the same day as catheter removal. Residual volume post-injection was not routinely recorded unless poor voiding pattern observed. Primary outcome measures were length of hospital stay, complications and recurrence of symptoms. Secondary variables recorded were duration of symptoms, urine cultures at the time of procedure, type of incontinence (urge / stress / mixed) and previous interventions (medical / insertion of spinal stimulator).

**Results:** Twenty-seven patients underwent intravesical botulinum toxin injection treatment over the study period. Three patients were excluded due to incomplete data therefore a total of 24 patients were included in the analysis (23 females). Median age was 60 years (range: 25 – 90). Median duration of symptoms was 7 years (range: 3 – 17). Seven (38%) patients had positive urine cultures at the time of the procedure. The type of urodynamic abnormality was urge incontinence in 19 (79%) and mixed incontinence in 5 (21%) patients. All but one (96%) had previously received anticholinergics without benefit and 2 (8%) had had a spinal stimulator implanted. Ten (41%) patients had a repeat procedure for recurrence of symptoms. There were no postoperative complications except a single report of poor voiding. Median length of stay was 2 days (range: 1 – 3).

**Conclusions:** Intravesical botulinum toxin injection is an effective and safe treatment modality for refractory urge incontinence. The low rate of complications in the current series is comparable to published data. With a predicted rise in cases of bladder instability, our experience strongly suggests to continue to offer this treatment modality to these patients.

### S34 TENSION-FREE VAGINAL TAPE: ONE OF THE MINIMALLY INVASIVE PROCEDURE IN SUI

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**Introduction & Objectives:** We have analyzed the objective and subjective outcomes of 46 stress-incontinent women operated with the procedure of TVT in our institution between January 2002 and December 2007.

**Material & Methods:** In a retrospective cohort study about 24 months, 46 women were evaluated by clinical examination, urodynamic testing, cough stress test and standardized personal interview. The patients mean age were 55 years (age range 40-70).

**Results:** The objective continence rate were 86,9 % or 42 out of 46 patients were cured. Whereas 13,1% or 4 out of 46 patients were not cured :one had urine retention and another three persisted stress incontinence no matter of treatment.

**Conclusions:** With regard to patient satisfaction, 86.9% of the studied patients considered themselves completely cured, whereas 13,1% of them were not satisfied.

### S35 HOW TO ACHIEVE LONG TERM SUCCESS IN THE TREATMENT OF FEMALE URINARY STRESS INCONTINENCE? NOVEL MODIFICATION ON VAGINAL SLING

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**Introduction & Objectives:** Modest long term success is one of the most disappointing issues facing patients undergoing anti-incontinence surgery. Herein we prospectively evaluated the long term results of a novel surgical modification in the treatment of female stress urinary incontinence (SUI).

**Material & Methods:** Twenty three female patients with mean age of 48.2 years (range: 22-73), underwent anti-incontinence surgery to correct their SUI between Augusts 2006 and January 2008. All cases were primary except two patients had previous anti-incontinence surgery. Patients who had mixed incontinence (8 patients), where subjected to urodynamic evaluation and any patient who was documented to have urodynamically overactive bladder was excluded. In-situ anterior vaginal wall sling, reinforced with equi-size monofilament polypropylene tape, was used as an anti-incontinence surgical procedure. The mean follow up period was 30.2 months (range: 24-38).

**Results:** The surgical technique was successful in twenty two 95.65% patients as twenty of them were cured and two patients showed clinical improvements. Only one patient 4.35% did not benefit from the surgery (64-year-old, diabetic, BMI= 44.98). Urinary retention was observed in one patients 4.34% which was resolved after decreasing the tension of suspension sutures. Vaginal mesh erosion was found in two patients 8.69% during the gynecological examination in the first month postoperatively, one of them had early sexual intercourse. Both of these patients suffered only from minimal discomfort during sexual intercourse and the patients refused surgical intervention and conservative approach (watchful waiting) was applied. No postoperatively significant post-voiding residue was detected. Postoperative urgency without urge incontinence was observed in two patients in the early post operative period which was resolved after temporary anti-cholinergic therapy for three weeks. Non of the patients showed suprapubic discomfort or pain due to fixation of suspension sutures with myophysis pubis, neither during the physical examination nor during daily physical activities.

**Conclusions:** Cost-effectiveness and low risk of urethral erosion, due to the presence of intervening vaginal mucosa, are important considerations of this technique. Long term success is expected, because relaxation of non-tension free suspension sutures and dislocation of midurethral sling are less likely.

### S36 AWARENESS, KNOWLEDGE AND HELP-SEEKING BEHAVIORS OF WOMEN WITH URINARY INCONTINENCE: PRIMARY RESULTS OF A MULTI-CENTRIC STUDY

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**Introduction & Objectives:** To determine awareness, knowledge and help-seeking behaviors of women with all types of urinary incontinence (UI) and its