Thematic Session 06

Neuro-urology

Sunday, 13 March
10:30 - 12:00

Location: Room Paris (Hall B2, level 0)
Chair: P. Radziszewski, Warsaw (PL)

Aims and objectives of this presentation
More treatment possibilities appear in modern neuro-urology, but do we really know how to use them? The session is an attempt to answer this question. Also the problem of bladder cancer in neurogenic bladder will be discussed during the state-of-the-art lecture.

10:30 - 10:45

State-of-the-art lecture Optimal sequencing of treatment in neurogenic bladder
J.P.F.A. Heesakkers, Nijmegen (NL)

Aims and objectives of this presentation
In this presentation the goal of neurourological control and intervention will be discussed. Especially the timing of intervention and the sequence of type of intervention in relationship with patients's characteristics will be discussed.

10:45 - 11:00

State-of-the-art lecture What to do when Botox doesn’t work?
A. Giannantoni, Perugia (IT)

Aims and objectives of this presentation
While the efficacy and safety of intradetrusorial Botox injection for the treatment of neurogenic detrusor overactivity and idiopathic overactive bladder are well-established, there are still several methodological issues which need to be solved. Indeed, the injection's technique during cystoscopy may be accompanied by several unwanted mistakes that produce loss of the solution into the bladder and reduce the amount of the administered neurotoxin. This may account for the reduced efficacy of the neurotoxin, particularly along repeat treatments. Avoiding these mistakes may improve the efficacy of Botox treatment.

11:00 - 11:30

Case discussion The complicated, previously treated, neurogenic bladder

11:00 - 11:10

Case presenter
P. Radziszewski, Warsaw (PL)

11:10 - 11:20

Minimally invasive options
F. Cruz, Porto (PT)

Aims and objectives of this presentation
A quick overview of the options that might be used in cases that do not respond to bladder administration of botulinum toxin will be addressed. Emphasis will be put on the rapid diagnosis of NDO and a swift introduction of effective treatments before terminal bladder wall fibrosis develops. Prevention may also be the case for MS and Parkinson patients. New routes for administration of old drugs and electrical stimulation of spinal centers and roots will be briefly mentioned.

11:20 - 11:30

Surgical options
J-N.L. Cornu, Rouen (FR)
Aims and objectives of this presentation
Surgical management of neurogenic bladder is mainly based on enterocystoplasty, bladder reconstruction, and urinary diversion techniques. The most popular techniques and surgical tips and tricks as well as innovations in surgical approach are reviewed.

11:30 - 11:45
State-of-the-art lecture Cancer in neurogenic bladder
T.M. Kessler, Zürich (CH)

Aims and objectives of this presentation
Patients with neurogenic lower urinary tract dysfunction seem to have an increased risk for bladder cancer, but the literature is conflicting. The aim of this lecture is to explain the underlying pathomechanisms involved, to show typical differences between neurological and non-neurological patients and to provide a guide for the management of cancer in the neurogenic bladder in daily clinical practice.

11:45 - 12:00
Associated abstract presentations

648
Lower urinary tract dysfunction is the major concern of adult patients with spina bifida: Data from a prospective cohort of 371 patients
By: Peyronnet B. 1, Brochard C. 2, Jezequel M. 3, Ménard H. 3, Damphousse M. 4, Bonan I. 4, Kerdraon J. 4, Siproudhis L. 2, Gamé X. 5, Manunta A. 1
Institutes: 1CHU Rennes, Dept. of Urology, Rennes, France, 2CHU Rennes, Dept. of Gastrology, Rennes, France, 3CHU Rennes, Referral Center For Spina Bifida, Rennes, France, 4CHU Rennes, Dept. of Physical Medicine, Rennes, France, 5CHU Toulouse, Dept. of Urology, Toulouse, France

State-of-the-art lecture

Aims and objectives of this presentation
During their first visit to the French national referral center for spina bifida, patients were asked about their major concern in daily living. Three hundred seventy-one patients were included. The distribution of spina bifida types was: myelomeningocele (66%) and closed spinal dysraphism (34%). The most frequent major concern was lower urinary tract dysfunction (32.8%). The other major concerns were mostly musculoskeletal disorders (24.4%) and anorectal dysfunction. The average Qualiveen score was 2.6 (± 0.9) and 227 patients had a score ≥ 3 (61.1%).

649
Bacteriuria in patients undergoing intradetrusor onabotulinumtoxinA injections for refractory neurogenic detrusor overactivity: Do we need antibiotic prophylaxis?
By: Leitner L. 1, Sammer U. 2, Walter M. 2, Knüpfel S. 2, Schneider M.P. 3, Seifert B. 4, Mehner U. 2, Kessler T.M. 2
Institutes: 1Balgrist University Hospital and University Hospital of Basel, Dept. of Neuro-Urology and Urology, Zürich and Basel, Switzerland, 2Balgrist University Hospital, Dept. of Neuro-Urology, Zürich, Switzerland, 3ETH Zürich, Brain Research Institute, Zürich, Switzerland, 4University of Zürich, Dept. of Biostatistics and Prevention, Zürich, Switzerland

State-of-the-art lecture

Aims and objectives of this presentation
Intradetrusor onabotulinumtoxinA injections is a highly effective, minimally invasive and well-tolerated therapy for refractory neurogenic detrusor overactivity. Many of these patients rely on some type of catheterisation and present with chronic bacteriuria. In these patients, antibiotic prophylaxis has been widely recommended since bacteriuria might impair efficacy and cause urinary tract infection, but the evidence is very limited. Thus, the aim of the present study was to evaluate if antibiotic prophylaxis is needed in patients with bacteriuria undergoing intradetrusor onabotulinumtoxinA injections.