

## **IS SACRAL ALCOHOLIZATION A GOOD TREATMENT IN OVERACTIVE BLADDER AND/OR INTERSTITIAL CYSTITIS?**

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**INTRODUCTION & OBJECTIVES:** Aim: To evaluate the results of sacral roots alcoholization (after a lidocaine test) in the treatment of overactive bladder (OAB), and/or interstitial cystitis.

**MATERIAL & METHODS:** This study is a retrospective analysis of a consecutive patient cohort in a single centre. From January 1992 to March 2003, 28 patients (1 man and 27 woman), were hospitalized for a lidocaine test injection. Immediately after this injection, an urodynamic study was performed. Sacral root alcoholization was decided if the functional bladder capacity was significantly improved, and/or pelvic pain was improved. None of these patients had an active sexual life. However, they were all informed that sacral alcoholization would have an effect on the penile and/or vaginal wall sensibility.

**RESULTS:** Indication: 25 patients had OAB (idiopathic=14, neurogenic=11), and the 3 remaining had interstitial cystitis. After lidocaine test, sacral roots infiltration (S3 bilateral) was performed with alcohol (70°) in 24/28 cases. Complications: 4/24 (16%) had lower limb pain, 3/24 (12%) had urinary retention immediately postoperatively (one urinary retention lasted on a long term), 1/24 had anal incontinence. Therapeutic effect at 1 month: 14/24 (58.3%) were broadly improved after alcohol injection because of: first, an increase in the functional bladder capacity (245 ml before versus 489 ml after), second, a reduction in nycturia (4 before versus 2 after in average), third, a reduction in urinary leakage of more than 50%. However, average duration of the therapeutic effect was only 3.8 months. Eventually, only 1 patient on the 14 improved patients did not have degradation of her symptomatology (8 months of follow-up). A second alcoholization was made among 5 patients, and a positive result was seen only in 1 (4%). It should be underlined that no patient with an interstitial cystitis had any symptom improvement.

**CONCLUSIONS:** Sacral roots alcoholization is not the treatment of choice in patients with OAB. At present, there are more effective treatments like neuromodulation and botulinum toxin injection. The only advantage of sacral roots alcoholization remains its low cost, but the short duration of its activity makes this advantage very relative.