

QUALITY OF LIFE ASSESSMENT POST IMPLANTATION OF AN ELECTRO STIMULATOR FOR THE TREATMENT OF INTERSTITIAL CYSTITIS

De Jong P.R.¹, Radziszewski P.², Dobronski P.², Borkowski A.², Cervigni M.³, Parsons M.⁴, Cardozo L.⁴, Farnsworth B.⁵, Nordling J.⁶, Groen J.⁷, Bosch R.⁸, Nissenkorn I.⁹

¹Groote Schuur Hospital, Obstetrics and Gynecology, Cape Town, South Africa, ²University of Warsaw School of Medicine, Urology, Warsaw, Poland, ³San Carlo di Nancy Hospital, Urogynaecology, Rome, Italy, ⁴Kings College Hospital, Urogynaecology, London, United Kingdom, ⁵Sydney Adventist Hospital, 5. Centre for Pelvic Reconstructive Surgery, Sydney, Australia, ⁶Herlev Hospital, Urology, Herlev, Denmark, ⁷Erasmus Medical Center, Urology, Rotterdam, Netherlands, The, ⁸University Medical Center, Urology, Utrecht, Netherlands, The, ⁹Sackler School of Medicine Tel-Aviv University, Surgery/Urology, Tel Aviv, Israel

INTRODUCTION & OBJECTIVES: We investigated the impact of pelvic floor electro stimulation on quality of life (QOL) for determining the success of the miniaturTM-I implantable system (BioControl Medical, Yehud, Israel) in patients with Interstitial Cystitis (IC). IC is also known as the painful bladder syndrome, characterized by pelvic/bladder/perineal pain, urinary frequency and urgency. Patients with IC often have decreased self-esteem, symptoms of depression, embarrassment and poor QOL.

MATERIAL & METHODS: From April 2002 to September 2004, 45 female patients 28 to 80 years old (mean age 56.3) with refractory IC were enrolled in a multinational prospective study after presenting positive response to paraurethral electro stimulation testing. In addition to voiding and pain charts, patients were asked to complete, at baseline and at each follow up visit post procedure, a variety of valid QL questionnaires: the O'Leary-Sant Indices (OLS), Short-Form McGill Pain Questionnaire (SF-MPQ), the pelvic pain and urgency/frequency symptom scale (PUF) and King's college QOL questionnaire (KQOL). A two-tails student's *t*-test with a P-value less than 0.05 was used to evaluate the significance of the difference between baseline and follow-up.

RESULTS: To date, 36 patients completed an average of 9 months follow-up (ranged 1-29), filled-in the OLS, 25 the SF-MPQ, 22 the PUF and 18 patients filled-in the KQOL. Compared to baseline the QL indices on the average therapy duration significantly improved: mean OLS score reduced by 35% from 31.8+/-3.6 to 20.8+/-10.0 ($p < 0.01$), SF-MPQ decreased significantly from 34.5+/-10.9 to 18.3+/-12.4 and PUF and QLQ scores reduced by 28% and 54 % from 25.5+/-3.0 and 43.4+/-9.1 to 18.0+/-6.0 and 20.0+/-14.7, respectively. Out of the 36 patients 5 were not satisfied with the stimulation treatment (14%) and 4 patients (9%) reported that their symptoms deteriorated. These results strongly correlate with the changes in IC symptoms of frequency and pain.

CONCLUSIONS: Evaluation of quality of life may be an additional useful tool for assessing the clinical outcome of pelvic floor stimulation for IC. Based on these results and correlation to IC symptoms, electro stimulation brings relief to IC patients.