

The efficacy of hydrodistension in the treatment of interstitial cystitis

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Abstract

Background: Interstitial cystitis (IC) is a chronic syndrome characterized by urinary frequency and bladder pain without any identifiable cause. There is no treatment for cure of IC; nevertheless the QoL of IC patients is impaired greatly. That is because IC is of unknown etiology and origin.

Methods: We performed hydrodistension on thirty-two IC patients under lumbar anesthesia. We examined the average daily voids, the average voiding volume, the maximum voiding volume and the O'Leary Sant's symptom/problem index before and after hydrodistension at two and six month ($n=17$) periods.

Results: All of the patients were female. The age range was from 29 to 78 years with an average of 58.6 years. The length of history varied from 6 months to 20 years with an average of 7 years. The average maximum distended bladder capacity at hydrodistension was $448\text{ml}\pm 152\text{ml}$. The average daily voids decreased significantly (18 ± 9 times before and 11 ± 4 times, 10 ± 5 times after two and six months, respectively). The average voiding volume increased significantly ($89\pm 38\text{ml}$ before and $165\pm 67\text{ml}$ and $171\pm 78\text{ml}$ after two and six months, respectively). The maximum voiding volume also increased significantly ($164\pm 65\text{ml}$ before and $269\pm 110\text{ml}$? $284\pm 133\text{ml}$ after two and six months, respectively). The symptom/problem scores improved significantly from 14.2/12.4 before to 5.9/4.3, 4.9/3.2 after two and six months, respectively.

Conclusion: Hydrodistension under anesthesia is an effective treatment for interstitial cystitis and the effect maintained for a six month period.