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THE ROLE OF PELVIC NEUROPHYSIOLOGY TESTING IN THE EVALUATION OF PATIENTS WITH NON-OBSTRUCTIVE URINARY RETENTION (NOUR)

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Pelvic neurophysiology (PNP) evaluates neurological causes for pelvic visceral and pelvic floor dysfunction including urethral sphincter Electromyography (EMG); Bulbocavernosus reflex (BCR) and Somatosensory Evoked Potentials (SEP) to assess the S2, S3 and S4 sacral sensory nerve roots. This study aims at evaluating the usefulness of PNP for patients with unexplained NOUR and identifying those who may respond to sacral neuromodulation (SNM).

Retrospective review of all patients with NOUR that underwent PNP before SNM. All patients underwent neurological examination, video urodynamics (VCMG), urethral pressure profilometry (MUCP) and 30 patients had spinal MRI.

Between 2018 and 2023, 3 males and 31 females of median age: 32 years (R:19-74) were treated with SNM for NOUR, 5/34 had neurological problems while 2/30 had abnormal spinal MRI (MOG-TM and lumbar spondylolysis). Voiding LUTS were present in 79.4% of the patient with the rest reporting mixed LUTS. Bowel disorder was found in 10 patients (8 Constipation/2 diarrhoea). Median follow-up was 2 years, with 70.6% reporting improvement of voiding symptoms >50%.

Tables: see presentation

Conclusion

PNP may have a role in neurologically phenotyping patients with NOUR of unknown aetiology and evaluating their sacral somatic sensory and motor innervation. Bigger sample is required to make meaningful conclusions.