Overactive bladder

The most common symptom of OAB is a sudden urge to urinate that you can't control. Some people will leak urine when they feel the urge.

Overactive bladder (OAB) is a disease concept defined by the International Continence Society in 2002. There have been no reports of OAB among patients with cervical spondylotic myelopathy assessed on the basis of symptom questionnaires.

Detrusor sphincter dyssynergia (DSD), involuntary detrusor contractions (IDC) and poor bladder compliance (PC) are relatively common urodynamic findings in cervical myelopathy. However, there is little information regarding the role of a urodynamic study (UDS) after decompression surgery for cervical spondylotic myelopathy (CSM).

The urodynamic study was performed before and 6 months after decompression of CSM. The Japanese Orthopaedic Association (JOA) scores for cervical myelopathy and the Neck Disability Index (NDI) functional score were used. For male patients, the International Prostate Symptom Score (IPSS) was used, whereas the Urinary Distress Inventory (UDI-6) was applied in female patients.

The mean age was 61.3 years. Among the 32 patients, 17 patients completed the final follow-up, where neurogenic bladder was confirmed in 11 (64.7%) patients, with 7 patients having PC, 3 patients having IDC, and 6 patients having DSD. Four of the 7 PCs were normalized, 2 (phasic) of the 3 IDCs disappeared and 1 (terminal) IDC remarkably improved. Four of the 6 DSDs markedly improved. Before and after the decompression surgery, bladder compliance in the 17 patients was 45.52 ± 23.71 and 77.07 ± 39.85, respectively (p=0.004). Both JOA scores and NDI scores improved (p=0.007 and p=0.001, respectively). However, the IPSS and UDI-6 were not changed 6 months after surgery.

The neurogenic bladder could be partially controlled in CSM patients after surgical decompression. However, the neurogenic component in the UDS findings varied, and depending on the findings, further proper urological treatments after neurological decompression surgery should be considered [1)].

One-hundred-and-six patients diagnosed with cervical spondylotic myelopathy and treated by use of laminoplasty were examined. The patients were classified into two groups, those identified as having OAB (OAB group) and those identified as not having OAB (non-OAB group), by use of the Overactive Bladder Symptom Score collected before and 1 year after surgery. The clinical results for the two groups were assessed. OAB symptom prevalence and post-operative symptom improvement were investigated 1 year postoperatively.

Of the 106 patients, 50 were identified as having OAB (symptom prevalence 47.2%). Of these 50 patients, symptom improvement was observed for only 14 (28%) 1 year after surgery. For both groups good improvement on the basis of the Japanese Orthopedic Association score was observed 1 year postoperatively, but there were no significant differences between them.

Post-operative improvement of OAB symptoms in cervical spondylotic myelopathy patients was low, which indicated that OAB was most frequently attributable to non-neurogenic and idiopathic, but not neurogenic, causes. It is considered necessary to tell patients with cervical spondylotic myelopathy that the possibility of post-operative OAB symptom improvement is not high when the explanation for

informed consent is given before the operation [2].

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2)
Wang Z, Sakakibara T, Kasai Y. Overactive bladder in cervical spondylotic myelopathy. J Orthop Sci. 2014 Jan;19(1):22-5. doi: 10.1007/s00776-013-0491-1. Epub 2013 Nov 12. PubMed PMID: 24218064.