Method

Objective—To determine the long term outcome of Peristeen’s home use.

Results—Successful outcome was achieved in 62.5% patients after a mean follow-up of 2.6 years. All patients had neurogenic bowel disorders, including 75% of constipation. A third of patients were spinal cord injured. Most of cases of Peristeen discontinuation occurred at the treatment beginning, one month after introduction in a third of cases. In patients who were still using transanal irrigation, mean grade of satisfaction with the Peristeen system was 9.12/10, despite the high rate of technical problems (77.8% of cases).

Conclusion—This study highlights the limits of Peristeen’s long-term using and suggests the interest of a specific therapeutic education to Peristeen and of a systematic control consultation within the 3 first months of treatment.

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P117-e

Long term Peristeen’s continuation at home.

Preliminary study

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Keywords: Peristeen; Long-term follow-up; Therapeutic education; Neurogenic bowel dysfunction; Transanal irrigation

Introduction

Bricker; Parastomal hernia; Neurogenic bladder; Complication

Discussion—Parastomal hernia is a palpable lump, highlighted to cough or elevation of legs. The abdominal CT finds a protrusion of abdominal contents through the wall. Its treatment is surgical and transposition of the stoma site is sometimes necessary. Only few cases are discussed in the literature except in cases of parastomal hernia post cystectomy in bladder cancer surgery [1].

References


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P119-e

Deep cerebral stimulation and Parkinson’s disease: What is the effect of the bladder dysfunction?

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Keywords: Deep brain stimulation; Parkinson’s disease; Urodynamic; Bladder dysfunction

Introduction—Bladder dysfunction complicates generally Parkinson’s disease after several years. Patients complaints irritative bladder disorders. On urodynamic data, we registered vesical hyperactivity. Often, its occur motor complications as dyskinesies and motor fluctuations over the years. These motor complications are sometimes deep cerebral stimulation indication. This study aim is to evaluate the effect of the deep cerebral stimulation on the urinary dysfunctions.

Materials and methods.—Eight paper review were analyzed (n = 81 patients) between 2003 to 2010. Methodology were very different according to the studies. Deep cerebral stimulation improved continence phase in 6/8 studies, by delaying bladder sensation (four studies) and by increasing vesical capacity (mean volume + 130 mL in four studies). On the other hand, voiding was not modified.

Discussion—This review talk about the role of basal ganglia in continence-voiding bladder cycle. So, it seems that basal ganglia improve at the same time bladder sensation and detrusor motor control. Besides, urodynamic testing were not associated with symptoms as clinical evaluation in these few studies. Other studies could be developed to confirm these tendencies and determine if there is a therapeutic interest of the deep cerebral stimulation (associated or not with drug therapies) with urinary dysfunctions regulation in Parkinson’s disease.

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