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SEA-MS-F: Sexual Expectation Assessment in Multiple Sclerosis (MS): a new questionnaire to assess sexual expectations in female MS patients

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Sexual disorders are frequent in MS (40 to 90%) and interfere with quality of life. Many studies concerning male patients have been published, but only few studies are available in women. Moreover, sexual expectations of MS patients are not really known and no study was specifically designed to evaluate these expectations. The aim of the study was to create and validate such a specific questionnaire.

Material and method – Following a full literature analysis and neuro-urolologists survey, we have constructed a first version (V1) of SEA-MS-F. This version was validated using the Delphi method. The Delphi method is a structured communication technique, originally developed as a systematic, interactive forecasting method which relies on a panel of experts. Questions were accurate and graded on a visual scale (0 to 10). The experts’ answers were anonymously obtained by means electronic mails via Internet.

Results – Three rounds were necessary to obtain a full consensus. Final version of this 8-question questionnaires is online (www.SEEMS.jimdo.com). These questions concern sexual desire, arousal, pleasure, orgasm, body image, partner and couple’s relationship.

Comments – SEA-MS-F is the first questionnaire specifically designed to assess sexual expectations in MS patients. Psychometric validation of this questionnaires is ongoing.

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Detrusor innervation: Which sacral roots? Findings of intraoperative electrophysiological studies during Sacral Anterior Roots Stimulation surgery

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Objective – To describe which sacral roots are preferentially involved in the detrusor contraction.


Results – S3 roots are involved mainly in the detrusor contraction (70%). The S3 right root contributes more frequently (43.3%) and more efficiently in the detrusor contraction (average: 96 cm H2O [34–140] versus 81 cm H2O [32–120]) for left S3. A detrusor contraction was induced in 30% stimulation of the root S4. Therefore, when S4 root is predominant, the right root induces stronger contraction amplitude than the left one (right S4 average 83 cm H2O [40–120], vs left S4: average 62.2 [40–95]). S2 roots do not, in visceral parameters, contribute to increase the bladder pressure response beyond 30 cm H2O. S3 and S4 are still trapped together and connected to the channel involved in the Brindley voiding program.

Discussion – The intraoperative exploration during Brindley surgery confirms the limited data of the literature: the prevalence of the S3 right in the genesis of the detrusor contraction. Fujimura et al., in his article on radical resection of sacral neoplasm, has shown that the preservation of S3 roots is predictive of a recovery of a detrusor contractility in 69% of the cases and of a normal vesico-sphincteric status.

Our electrophysiological study confirms these data.

References
– Brindley GS. The Finetech-Brindley bladder controller: notes for surgeons and physicians.

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Antibiotic prophylaxis, urodynamic evaluation and clean intermittent catheterization

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