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Pudendal nerve decompression in the treatment of overactive bladder syndrome.

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Background: Frequency, urgency, nocturia and urge incontinence are the classical symptoms associated with an “overactive bladder”. Non bacterial prostatitis, interstitial cystitis or painful bladder syndrome may also appear. In 1994, Shafik described the use of transperineal pudendal nerve decompression (PND) in the treatment of stress urinary incontinence. More recently, we discovered that the Shafik’s PND can treat urge incontinence. A case report of an overactive bladder syndrome treated by our modification of the Shafik’s procedure will be described.

Material and method: A 38 years old female patient presented with a severe urge incontinence since 2 years. She needed 4 big pads per day to protect herself from urine. The ICIQ–SF score was 13/21. The patient suffered also of frequency (voiding every 60 min), nocturia (4 times/night), urgency and of a right para–anal perineodynia which was increased while sitting during 2 or 3 days after biking (VAS 8/10 since 8 years). Defecation and anal continence were normal. The 3 clinical signs we use to detect pudendal neuropathy were positive. The EMG exploration showed polyphasic potentials in the right part of the anal sphincter and in the right bulbo–cavernosus muscle. Right anal and perineal PNTML were increased (respectively, 4.5 msec and 8.5 msec). The perineal descent measured with a Perineocaliper ® was 0. The urodynamic exploration showed a reduced bladder capacity (245 ml) without bladder instability. We first ask the patient to stop biking and we tried infiltrations of the pudendal nerve without any effect. Pudendal nerve decompression was done according to our modification of the Shafik’s procedure. In this modification, after the classical opening of the Alcock’s canal, the fascia lunata linking the sacro–spinal and sacro–tuberous ligaments was completely opened (from the coccyx to the ischion) by digitoclasy to free the nerve in its entire course. At the end of the procedure the pudendal nerve was separated from the sacro–spinal ligament.

Results: Six months after surgery the patient was completely cured. The ICIQ–SF score was 0/21. The patient stopped using pads. She urinated every 3 hours during the day and didn’t have to wake up during the night. There is no more perineodynia (VAS 0/10) and the 3 clinical signs of pudendal neuropathy were negative.

Conclusion: Unilateral pudendal neuropathy can induce an overactive bladder syndrome. In this case report pudendal nerve decompression was very effective to treat this syndrome.