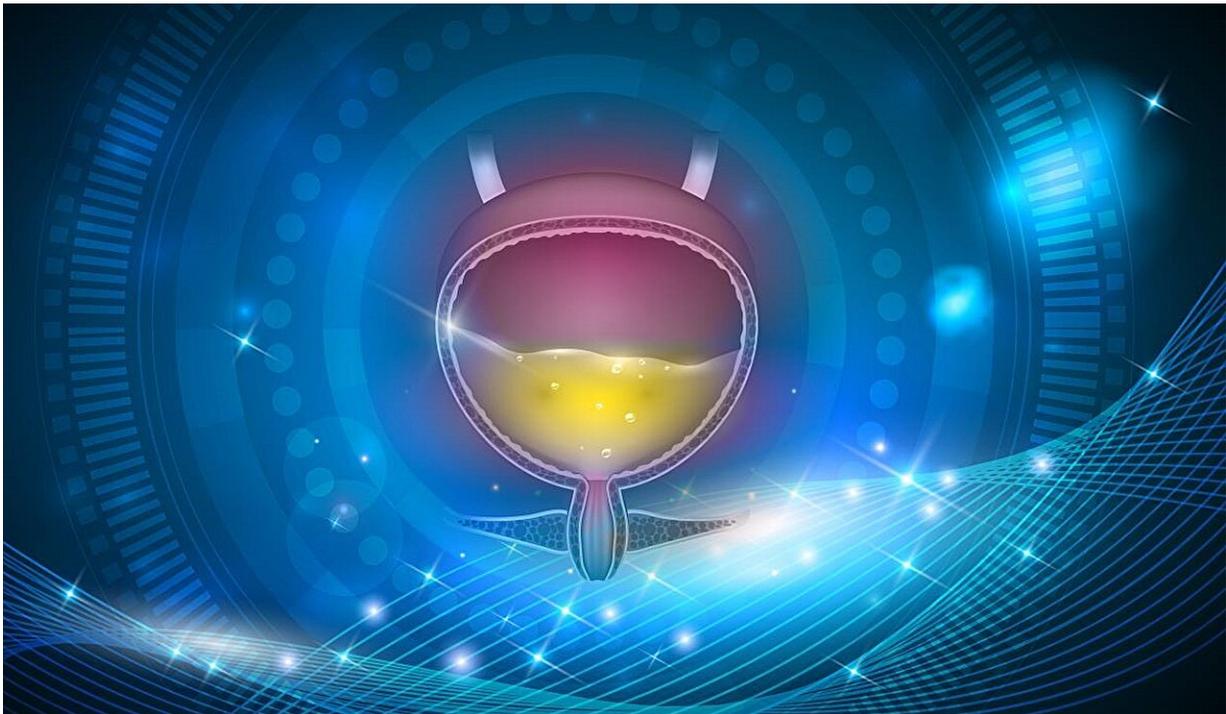


Etiology of spinal cord injury affects QOL outcomes after bladder surgery

July 3 2024, by Elana Gotkine



For patients undergoing urinary diversion for neurogenic bladder (NGB), the postoperative impact on urinary-related quality of life (UrQOL) is milder for spinal cord injury of congenital (C-SCI) etiology versus acquired (A-SCI) etiology, according to a study [published](#) online July 1 in *PM&R*.

João Pedro Emrich Accioly, M.D., from the Glickman Urological and Kidney Institute at the Cleveland Clinic Foundation, and colleagues compared decisional regret and UrQOL in patients undergoing urinary diversion for NGB arising from A-SCI (17 patients with traumatic spinal cord injury) and C-SCI (20 patients with [spina bifida](#)) etiologies. A-SCI was compared to C-SCI in terms of decisional regret, UrQOL, and postoperative changes in self-reported [physical health](#), [mental health](#), and pain.

The researchers found that compared with the C-SCI cohort, the A-SCI group displayed poorer preoperative physical health; after adjustment for baseline scores and follow-up time, absolute postoperative changes in this score and in the mental health score and pain level were not significant. When adjusted for other factors, a significantly worse impact of NGB in UrQOL was seen for A-SCI than C-SCI. Between the groups, there were no differences in decisional regret observed.

"We were able to demonstrate that patients with A-SCI report poorer physical health at baseline and lower UrQOL following [reconstructive surgery](#) when compared with a demographically and clinically similar C-SCI population," the authors write.

"These findings may be a valuable addition to discussions between health care providers and [patients](#) when considering surgical management of NGB."

One author disclosed ties to Boston Scientific.

More information: João Pedro Emrich Accioly et al, Decisional regret and impacts on quality of life following genitourinary reconstruction for neurogenic bladder: A comparison between acquired and congenital spinal cord injury, *PM&R* (2024). [DOI: 10.1002/pmrj.13157](https://doi.org/10.1002/pmrj.13157)

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