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Continence and dryness in spina bifida patients at school age

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Background

To analyse urinary continence and urodynamics in spina bifida aperta (SBA) and occulta (SBO) patients at school age.

Materials and methods

Our policy in SB patients is to offer dryness before school age. Out of 176 patients 141 were evaluated at school age: 106 with SB aperta and 35 with SB occulta.

All patients were treated with clean intermittent catheterisation (CIC), antimuscarinic agents, and antibiotic chemoprophylaxis from birth onwards in order to prevent obstructive uropathy and to preserve renal function. To secure low intra-vesical pressure, antimuscarinic agents were administered (oxybutynin, sometimes replaced by tolterodine if necessary). If conservative management failed a sling and (auto) augmentation was offered. Our definition of 'continent' is when a patient can retain urine and can void normally. Our definition of 'dry' is when a patient is on catheterisation without requiring pads.

Results

SBO patients: 51% were continent, 29% were dry on CIC.

SBA patients: 8% were continent, 46% were dry on CIC. 45% of (partially) incontinent children would need a continence improving operation in the future.

Conclusion

SBO patients have, compared to patients with SBA, a better chance for continence and normal voiding. With adequate therapy most of the patients can be dry at school age. The majority of incontinence at school age is caused by parental refusal of surgical intervention. A minority of incontinence is caused by surgical failure.