



Bladder outlet surgery is effective only in patients with central nervous system disorders and voiding dysfunction proven to be obstructed

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Editor,

The letter to the editor in response to the article [Surgical outcome of male patients with chronic central nervous system disorders and voiding dysfunction due to bladder outlet obstruction. Chang TL, Chen SF, Kuo HC. *Int Urol Nephrol*. 2022 Oct 54 (10): 2511–2519] [1] pointed out the treatment alternatives for patients with Parkinson's disease (PD) and voiding dysfunction [2]. The authors kindly amended the incompleteness of the statements regarding the use of overactive bladder questionnaire proposed by the International Continence Society, role of medical treatment, behavioral treatment, pelvic floor muscle training and bladder diary management, and deep brain stimulation in the management of patients with PD and voiding dysfunction. They also suggested the minimally invasive thermal ablation might be an alternative to the traditional transurethral resection or incision of the prostate and transurethral incision of the bladder neck. These statements enrich the content of this article and provide the readers a thorough viewpoint on the diagnosis and management of voiding dysfunction in patients with PD.

However, the aim of our previous study is to investigate the therapeutic efficacy of bladder outlet surgery on patients with central nervous system (CNS) disorders, including cerebrovascular disease (CVA), PD, and early dementia [1]. We found that bladder outlet surgeries are effective to relieve voiding dysfunction in patients with CVA and PD, but have little effect

on storage LUTS in these patients with chronic brain lesions. Further, patients with early dementia did not benefit from these surgeries in attempting to relieving storage or voiding dysfunction. The underlying pathophysiology of failure surgical treatment might be the diminished bladder sensation, CNS-related neurogenic detrusor overactivity, low detrusor contractility, and urethral sphincter discoordination in these patients with CVA, PD, and dementia. When medical and conservative therapies fail to eradicate lower urinary tract symptoms in these patients with chronic brain diseases, surgical intervention should be cautiously performed and is only effective in the patients with video urodynamically proven bladder outlet obstruction. Even after the voiding symptoms are relieved, the storage symptoms might still persist after bladder outlet surgery.

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Data availability Data are available on requesting to the corresponding author.

References

1. Chang TL, Chen SF, Kuo HC (2022) Surgical outcome of male patients with chronic central nervous system disorders and voiding dysfunction due to bladder outlet obstruction. *Int Urol Nephrol* 54:2511–2519
2. UROL-D-22-01796 "2022 Letter to the editor re: Surgical outcome of male patients with chronic central nervous system disorders and voiding dysfunction due to bladder outlet obstruction. Chang TL, Chen SF, Kuo HC. *Int Urol Nephrol*. 54(10):2511–2519

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