an urological assessment (voiding diary, urodynamics); Pain quantification on a visual analog scale (VAS); the 14-item Hamilton Anxiety Rating Scale (HAM-A) to assess symptoms of psychic and somatic anxiety; the Hamilton Depression Rating Scale (HAM-D) to assess depression and the 36-item Medical Outcomes Study Short Form (SF-36) to evaluate QoL .
Results: At pre-treatment all 14 patients had increased daytime and night time urinary frequency and high VAS scores. Nine patients had pathological HAM-A scores and all had pathological HAM-D scores. At the 3-month follow-up 10/14 patients reported a subjective improvement. Mean VAS score, mean daytime and night-time urinary frequency had decreased significantly (Table 1). Nine patients complained of different grades of dysuria but with abdominal straining and alpha-blockers were able to void completely. All domains in SF-36 and HAM-A significantly improved (Table 2). All domains except weight and sleep disorders significantly improved in HAM-D, particularly somatoform symptoms, cognitive performance and circadian variations (Table 2). Table 1.

Clinical and urodynamic parameters	Baseline (mean ± SD)	3 mos	z	p
Urgency (N°of pts)	11 (78.6)	3 (21.4)		<0.01
VAS score	8.79 ± 0.89	4.71 ± 1.77	- 3.19	<0.01
Day-time urinary frequency	13.29 ± 4.06	5.79 ± 2.39	- 3.30	<0.01
Night-time urinary frequency	4.31 ± 1.91	1.14 ± 0.14	- 3.31	<0.01
Maximum cystometric capacity (ml)	196.93 ± 73.37	372.71 ± 85.63	- 3.29	<0.01

Table 2.

HAM-A: domains	Baseline (mean ± SD)	3 mos (mean ± SD)	z	p
Psychic Anxiety	10.57 ± 5.43	4.71 ± 3.43	- 2.67	<0.01
Somatic Anxiety	10.14 ± 4.24	3.21 ± 3.19	- 3.18	<0.01
Total score	20.57 ± 8.9	7.93 ± 6.54	- 3.11	<0.01
HAM-D: domains	Baseline (mean ± SD)	3 mos (mean ± SD)	z	p
Anxiety/Somatization	6.07 ± 2.67	3.64 ± 2.56	- 2.66	<0.01
Cognitive Disorders	2.79 ± 1.97	0.71 ± 0.65	- 3.08	<0.01
Diurnal Variations	1.64 ± 1.33	0.21 ± 0.08	- 2.97	<0.01
Retardation	4.71 ± 1.97	2.78 ± 1.80	- 2.45	<0.05
Weight	1.14 ± 1.07	0.71 ± 0.09	-0. 478	ns
Sleeping disorders	2.29 ± 1.38	1.64 ± 1.63	- 1.41	ns
Total score	18.64 ± 5.76	9.71 ± 5.26	- 3.29	<0.01

Conclusions: In patients with refractory PBS and symptoms of anxiety, depression and poor QoL, BoNT/A intravesical treatment reduced bladder pain and improved psychological functioning and QoL.

645 ONE YEAR FOLLOW UP OF EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) FOR CHRONIC PELVIC PAIN SYNDROME (CPPS) IN A RANDOMISED PLACEBO-CONTROLLED DOUBLE-BLIND STUDY

Zimmermann R.P.[1], Cumpanas A.[2], Miclea F.[2], Janetschek G.[1]
[1]Medical University Salzburg, Dept. of Urology and Andrology, Salzburg, Austria,
[2]University of Timisoara, Dept. of Urology, Timisoara, Romania

Introduction & Objectives: ESWT could in our recently published studies be proved to be an effective treatment option for CPPS. ESWT effects are considered to be mainly transitory. Therefore, a longer follow up is crucial to learn about the potential duration of improvement following ESWT. This investigation reports about 1-year follow up in a prospectively randomised matter.
Material & Methods: 60 patients were treated by ESWT (focused shock wave, once weekly, perineal approach, 3000 impulses, 3 Hz, max. energy flow density 0.30 mJ/mm^2, Storz Duolith, Storz Medical AG, Switzerland). For placebo treatment spreading of SW was stopped definitely within the transducer by an integrated membrane. Follow up (FU) was performed after 1, 3, 6 and 12 months. Pain was evaluated by visual analogous scale (VAS, 0-10), micturition by international prostate symptom score (IPSS, 0-35), specific complaints by NIH chronic prostatitis symptom index (NIH-CPSI, 0-43) and erectile function by the IIEF (international index of erectile function). For the verum-placebo relationship the Mann-Whitney Rank Sum Test was used (p = 0.05). Differences before/after ESWT were evaluated using the Wilcoxon Signed Rank Test (p = 0.05). Statistical analysis were done using SigmaStat 3.5 (Systat Software Inc, San Jose, CA, USA).
Results: The 1 year FU was completed in 44 of 60 patients. 6/10 patients of the verum/placebo group were lost after 6 months FU. In the 1 year FU, all parameters were still significantly improved in the verum group. The results of preceding FU could be verified, side effects were excluded. The primary criterium VAS showed the clearest improvement (50% after 1 year).

Parameter	Mean ± SD	Mean ± SD	Median	Median	P-Value (Used Test)
	Verum [N=24]	Placebo [N=20]	Verum [N=24]	Placebo [N=20]	
VAS	3.292 ± 1.367	5.950 ± 1.146	3.000	6.000	< 0.001 (Mann-Whitney Rank Sum Test)
CPSI	19.458 ± 4.096	24.500 ± 3.017	20.000	24.500	< 0.001 (Mann-Whitney Rank Sum Test)
IIEF	20.250 ± 2.308	16.350 ± 3.265	20.500	16.000	< 0.001 (Mann-Whitney Rank Sum Test)
IPSS	13.417 ± 2.358	16.950 ± 2.089	14.000	17.000	< 0.001 (Mann-Whitney Rank Sum Test)

Conclusions: This is the first placebo controlled study which proves the statistical significance of ESWT effects for CPPS patients also in an extended FU of 12 months. This is a very new aspect because till now the effects of the treatment have been considered to be rather temporary. ESWT is marked by absolute lack of side effects. Therefore, it represents an optimal outpatient treatment option with attractive relation of costs/benefit also for private offices, in particular regarding the now shown ongoing effectivity. ESWT is meanwhile established as being one of the very few therapy options for CPPS whose efficacy has been proven by placebo control also in long term FU.

646 SACRAL NERVE ROOT NEUROMODULATION FOR THE TREATMENT OF INTRACTABLE PAINFUL BLADDER SYNDROME/INTERSTITIAL CYSTITIS (PBS/IC): 14 YEARS EXPERIENCE OF ONE CENTER

Gajewski J., Alzahrani A.
Dalhousie University, Dept. of Urology, Halifax, Canada

Introduction & Objectives: To evaluate the long-term success and tolerability of the chronic sacral neuromodulation (SNM) in the control of symptoms of painful bladder syndrome/ interstitial cystitis (PBS/IC)
Material & Methods: This is a retrospective study for all the patients who underwent peripheral nerve evaluation (PNE) and then chronic sacral nerve modulation in our urology department for managing symptoms of PBS/IC from 1994 till 2008. We have used the global response scale as a validated tool to measure the success of the chronic SNM.
Results: A total of 78 patients fulfilled the International Continent Society (ICS) criteria for PBS/IC and showed cystoscopic evidence of glomerulation or ulcer as recommended by the European Society for the Study of IC/PBS (ESSIC). All the patients failed conservative management before considering the SNM. Permanent SNM implanted in 46 (59%) of patient who showed at least 50% improvement in their symptoms with temporarily peripheral nerve evaluation test (PNE). Both female gender and presence of urge incontinence were a good predictor for the PNE success. With a median follow up of 61.5 months (SD ±27.7), thirty three (72%) of the patients showed good long term success of the SNM with at least 80% improvement of their symptoms in the global response scale. Presence of urgency was a very good predictor of the long term success. The explantation rate was 28%. The most common reason for the explantation was poor outcome (54% of the removed devices). The revision rate was 50%. The most common indication for revision was lack of stimulation sensation and worsening of the symptoms. The average durability of the pulse generator battery was 93 months.
Conclusions: Chronic sacral nerve modulation is an effective treatment to control the symptoms of PBS/IC. It should be considered before any major intervention if conservative measure has failed. It is minimal invasive, safe and has good long term durability. The revision rate is high and patients require lifelong follow-up.

647 AETIOLOGIES AND RESULTS OF THE TREATMENT OF OBTURATOR NEURALGIAS BY A LAPAROSCOPIC NEUROLYSIS

Rigaud J.[1], Luyckx F.[1], Labat J.J.[1], Riant T.[2], Bouchot O.[1], Robert R.[3]
[1]Hôtel-Dieu, Nantes University Hospital, Dept. of Urology, Nantes, France,
[2]Catherine De Sienne, Dept. of Pain Assessment and Treatment, Nantes, France,
[3]Hôtel-Dieu, Nantes University Hospital, Dept. of Neurotraumatology, Nantes, France

Introduction & Objectives: Obturator neuralgia is a cause of pelvic and perineal pain that is rarely suggested, probably as it is poorly understood. We report the aetiologies and the results of a pilot study on the laparoscopic treatment of obturator neuralgia.
Material & Methods: 13 patients (15 nerves) with obturator neuralgia were treated in our department since 2005. The etiologies were idiopathic (4 cases) or iatrogenic following inguinal hernia surgery (2 cases), traumatism of the pelvis (1 case), a suburethral tape of TVT (3 cases) or a suburethral tape of TOT (3