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'SACRAL NEUROPROSTHESIS FOR THE TREATMENT OF REFRACTORY OVERACTIVE BLADDER - SINGLE UK CENTRE EXPERIENCE'

Hypothesis / aims of study

We retrospectively analyse the response rate in 35 patients who have had permanent sacral neuroprosthesis (SNP) inserted for refractory overactive bladder (ROAB). We present our experience with the technique, pre-insertion peripheral nerve evaluations and patients side effect / response rate.

Study design, materials and methods

From November 2001 until November 2009, 35 patients had a permanent SNP (InterStim Meditronic®) inserted for ROAB. Primary outcome variables were obtained from voiding diaries. All patients were diagnosed with ROAB on upto date urodynamic assessments and underwent 2 peripheral nerve evaluations (PNE) prior to SNP insertion. Following insertion of SNP patients were evaluated serially for symptomatic improvement. Results

The mean age at the time of insertion of SNP was 47 years (range 24-72). 23 (65%) patients were female and 12 (35%) were male. All patients had a minimum of 2 PNE's performed with a minimal interval of 6 months between the 2 PNE to assess their response. Following detailed counselling a SNP was inserted. At a mean follow up of 3.2 years (range 0.4-7.8), 83% (29) continue to show an improved response. The remaining 17% (6) patients include 2 patients with SNP insitu showing no response. 11% (4) of patients have had their SNP's removed due to pain at implant site (3/4) and no response (1/4). There were no reports of permanent injury or nerve damage.

Interpretation of results

We recommend thorough pre-procedure counselling and peripheral nerve evaluations initially prior to permanent neuroprosthesis insertion to help select the correct patients for the procedure associated with a high response rate of 83%, as seen in our series.

Concluding message

Sacral neuroprosthesis is safe and effective in treating patients with refractory overactive bladder.

Specify source of funding or grant	Nil
Is this a clinical trial?	No
What were the subjects in the study?	NONE