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Author(s):

C. Simeone^s, G. Tuccitto^s, S. Cosciani^s, G. Anselmo, F. Catanzaro^{*}, R. Carone^{*}, A. Zanollo[‡], G. Giardiello^{*}, F. de Seta^{*} on behalf of GINS group

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Title (type in CAPITAL LETTERS)

DOES PREVIOUS SURGERY ON THE FEMALE PELVIS INFLUENCE THE RESULTS OF SACRAL NEUROMODULATION ? PRELIMINARY RESULTS OF A MULTICENTRE STUDY

<u>Aim of study:</u> Neuromodulation of the sacral root represents a valid therapeutic option in the treatment of lower urinary tract disfunction. However, it is necessary to study the prognostic factors which influence clinical results of Sacral Neuromodulation (SNM). The aim of this study is to compare the results of SNM in two groups of female patients one with and one without previous pelvic surgery in order to identify if this could be useful as a prognostic factor.

Materials and methods: Form May '98 to March '99 the data of 39 implanted patients was analyzed. Of this 39 the 21 female subjects (mean age 49 range 19-71, mean follow-up 6.6 months) suffering from detrusor instability and/or retention were selected for this study, 9 of them (42,8%) had undergone previous pelvic surgery, in 5 pts was performed a bladder suspension in 4pts was performed isterectomy. In this group of patients for 5 pts SNM was performed for detrusor instability and for the other 4 pts for urinary ritention. In the other group (12 pts) who had not undergone previous pelvic surgery SNM was performed in 7 pts for detrusor instability and in 5 pts for ritention. A form was developed to collect the data which includes the following fields: indication for surgery together with type and clinical results.

To assess if there are differences between the two groups a t-test was performed.

Results: results are summarized in the following tables:

Detrusor instability		Baseline		1 month after implant		
	Urinary frequency (voidings/day)	Leak episodes (episodes/day)		Urinary frequency (voidings/day)	Leak episodes (episodes/day)	l e
With previous surgery	16,50±7,78	5,30±2,80	4,50±2,32	5,75±0,65	0,03±0,06	0,17±0,29
Without pelvic surgery	15,50±5,79	4,75±3,66	5,75±1,71	6,58±0,92	0,25±0,50	0,00±0,00
p				0,16	0,50	0,29

Retention	Baseline		1 month after implant		3 month after implant	
	Voided volume	Residual volume	Voided volume	Residual volume	Voided volume	Residual volume
With previous pelvic surgery	75±150	315±199.68	238±17.67	50±70.71	238±88.38	0
Without pelvic surgery	25,00± 50.00	170,00±192.50	295,00±25.17	55,00±47.96	293,75±141.97	75,00±95.74
p	0,55	0,27	0,07	0,92	0,64	0,35

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Ref. No. (Page 2) 321

Abstract Reproduction Form B-2

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C. Simeone³, G. Tuccitto³, S. Cosciani³, G. Anselmo, F. Catanzaro⁴, R. Carone⁴, A. Zanollo⁸, G. Giardiello⁹, F. de Seta⁹ on behalf of GINS group

Conclusions: Due to the limited number of patients analyzed and to the short follow-up, no definitive conclusions can be reached but even so no significant difference between the two groups is apparent so do seem to indicate that previous pelvic surgery is not a negative prognostic factor for SNM. The group analyzed in this study will continue with follow-up and new patients will be enrolled in order to widen the scope and confirm our initial findings.