

Differences in reprogramming needs between **NOUR** and **OAB** patients undergoing sacral neuromodulation

AIM

To compare programming visits between **OAB** and **NOUR** patients treated with SNM

METHODS

- Single-center, retrospective
- 2015 – 2022
- Strictly **OAB** and **NOUR** patients
- Inclusion after successful test phase
- Reprogramming = modification of
 - Pulse width
 - Frequency
 - Electrode configuration
- Reason for reprogramming
 - Loss of effectiveness (55,7%)
 - Outcome could be better (21,8%)
 - Unpleasant sensation (19,1%)
 - Defect electrode (1,9%)
 - Migration (0,9%)
 - Bowel problems (0,6%)
 - Too high stimulation (0,6%)
- Statistics
 - Mann-Whitney U test
 - Chi square test
 - Kaplan-Meier survival analyses

RESULTS

- 144 patients: **104 OAB** + **40 NOUR**
 - **OAB** 24% (25/104) male
 - **NOUR** 20% (8/40) male
- Mean age: 50,77 (SD 14,43)
- Mean follow-up: 6,41 years (SD 2,61)
- Mean reprogramming visits: **2,59 OAB** vs **1,43 NOUR** (P<0.001)

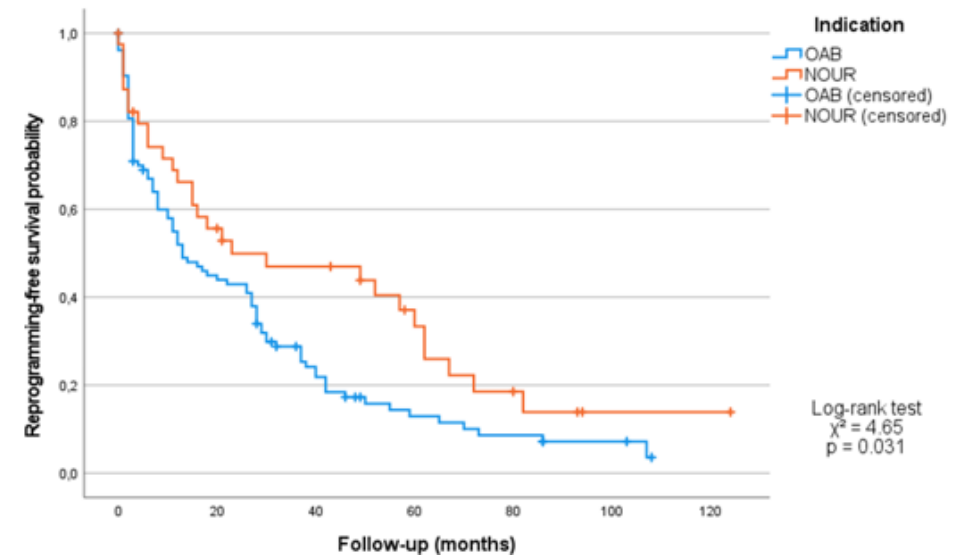


Table 1. Need for intervention

	Reprogramming	Lead revision	Explantation	IPG replacement
OAB (n=104)	86,5% (90/104)	20,2% (20/104)	12,5% (13/104)	34,6% (36/104)
NOUR (n=40)	72,5% (29/40)	20,0% (8/40)	20,0% (8/40)	25,0% (10/40)

P=0.046 P=0.84 P=0.25 P=0.27

CONCLUSION

- **OAB** patients require reprogramming sooner
- Patients with **OAB** exhibit a less stable response to SNM compared with **NOUR** patients
- Prospective studies with standardized protocols are needed