

“Older patients require more frequent reprogramming after sacral neuromodulation, and InterStim™ X provides sustained symptom improvement in refractory OAB and CUR”

Predicting reprogramming in sacral neuromodulation: long term outcomes with InterStim™ X

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Aim

To identify patient- and disease-related predictors of reprogramming after implantation of the InterStim™ X system, used for overactive bladder (OAB) and non obstructive chronic urinary ritention (CUR)

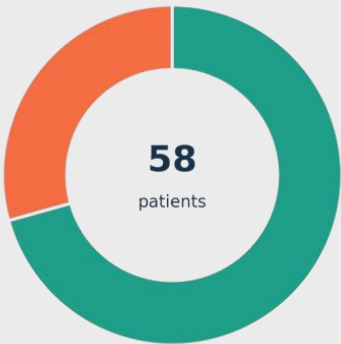
Study design and methods

Retrospective cohort (2023-2025)

58 consecutive patients - Median follow-up: 28 months; range 4–36. UDI-6 questionnaire

Reprogramming was defined as any change in electrode configuration and/or stimulation parameters.

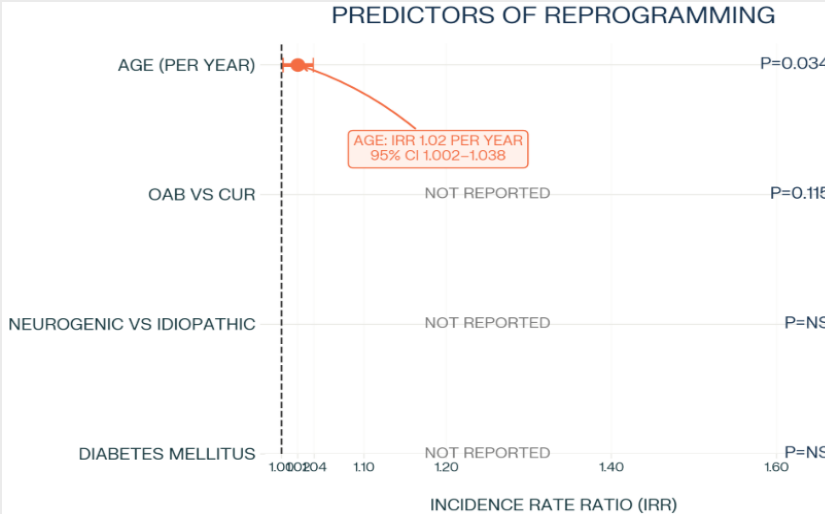
Characteristic	Value
Women	38 (65.5%)
Men	20 (34.5%)
OAB	23 (40%)
CUR	35 (60%)
Neurogenic aetiology	25 (43%)
Idiopathic aetiology	33 (57%)
Median age	59 years



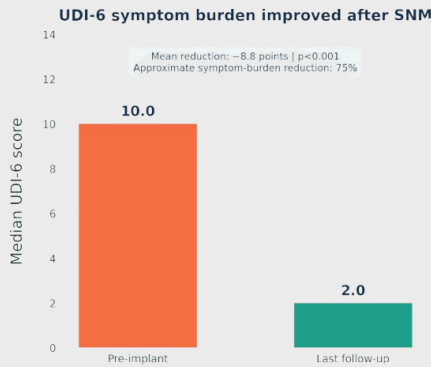
— No reprogramming
(n=41, 71%)
 — ≥1 reprogramming
(n=17, 29%)

Reprogramming outcomes

Reprogramming rates were calculated as events per patient-year.



Poisson regression used to identify predictors of reprogramming, with results expressed as incidence rate ratios (IRRs) and 95% confidence intervals (95% CI). The Wilcoxon signed rank test applied to compare pre and post implant UDI 6 scores. P- value <0.05 statistically significant



Conclusions

Older age independently predicted a higher need for reprogramming.

Age-tailored follow-up may help to optimise long-term SNM management.