Prolonged Access Delays: Patient's Wait Time to SNM Implantation Exceeds 3 Years.

Mandana Gholami[1], Sophie Plagakis[1]

[1]Department of Urology, Flinders Medical Centre, Bedford Park, SA, Australia

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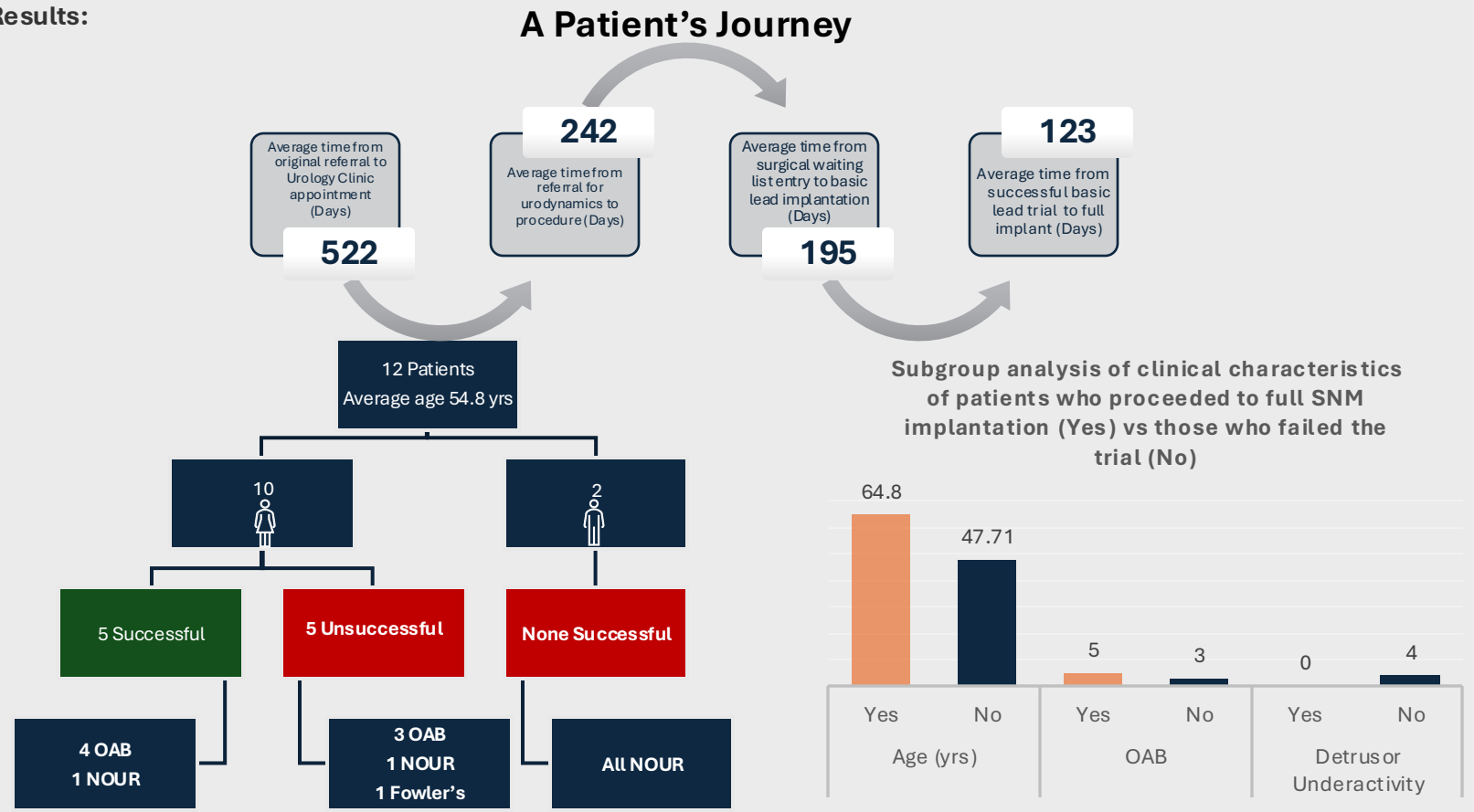
Background:

Sacral neuromodulation (SNM) is an established treatment for detrusor overactivity and non-obstructing urinary retention, demonstrating significant improvements in symptoms and quality of life.[1,2] However, in publicly funded healthcare systems, access to SNM can be delayed due to the cost and systemic limitations from the deprioritisation of functional urology over oncology. The impact of these delays remains underreported. Herein we report our experience after introducing SNM in a large, government funded tertiary hospital.

Methods:

Data collected included demographics, appointment times, voiding parameters at urodynamics (UDS), and implantation outcomes. In our institution, patients undergo an initial one week of trial of basic evaluation leads with a clinic review to assess symptom improvement, prior to a full implant. A successful trial is defined as a >50% improvement in symptoms, which are usually episodes of urinary incontinence or frequency of self catheterisation.

Results:



Conclusion:

These findings underscore the urgent need for system-level strategies to improve access, reduce wait times, and prioritize care for this vulnerable patient population. Also lower than reported success rates perhaps based on patient population, difficulty of access affecting patients have chosen therapy.

References:

1. Amundsen CL, et al. (2016). Sacral neuromodulation vs onabotulinumtoxinA for refractory urgency urinary incontinence. *JAMA*, 316(13), 1366–1374.
2. Hassouna, M M et al. "Sacral neuromodulation in the treatment of urgency-frequency symptoms: a multicenter study on efficacy and safety." The Journal of urology vol. 163,6 (2000): 1849-54.