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ROLE OF PERCUTANEOUS TIBIAL NERVE STIMULATION FOR OVERACTIVE BLADDER SYNDROME IN A DISTRICT GENERAL HOSPITAL

Hypothesis / aims of study

To assess the effectiveness of percutaneous tibial nerve stimulation (PTNS) on patients with overactive bladder syndrome who have not responded to routine pelvic floor exercises, bladder drill and anti-cholinergic treatment.

Study design, materials and methods

Service evaluation using patient questionnaire conducted on 34 patients from September 2011 to December 2012 when PTNS was introduced in a District General Hospital. A proforma was designed accordingly and results were analysed on Microsoft Excel.

Results

Patient age range 35-85 years.

Majority of patients were in the age group of 46–55 years, the mean age being 56 years.

Out of 34 patients, 19 (59.4%) had mixed incontinence and 15 (44.1%) had urge incontinence.

24 patients (70.6 %) were referred for physiotherapy, 19 had improvement (79.2%).

Nearly all patients (94.1%) had bladder drill, but improvement was seen only in 3 patients (9.4%).

All patients had a trial of supervised pelvic floor exercises, bladder drill and anti-cholinergic treatment before they were referred for PTNS. The most commonly used anti-cholinergics were solifenacin succinate and tolterodine tartrate.

Subjective assessment of outcome pre- and post-PTNS patient satisfaction questionnaire:

In 29 (85.3%) patients the frequency episodes improved from 15–20 to 5–10 showing moderate to marked improvement. No improvement was seen in 4 patients (11.8%) and 1 (2.94%) had no documentation.

In 26 (76.5%) patients the urgency episodes improved from 15–20 to 0–5 showing moderate to marked improvement. No improvement was seen in 4 patients (11.8%) and 4 (11.8%) had no documentation.

In 26 (76.5%) patients the urge incontinence episodes improved from 6–8 to 0–2 showing moderate to marked improvement. No improvement was seen in 5 (14.7%) and 3 (8.8%) had no documentation.

22 (64.7%) patients having nocturia showed moderate to marked improvement from 3–4 episodes to 0–1. No improvement was seen in 11 (32.4%) and 1 (2.9%) had no documentation.

Interpretation of results

For all patients with overactive bladder symptoms there was a 65-85% improvement 10-12 weeks after PTNS.

PTNS will continue to be used in this centre and a validated pre- and post-treatment questionnaire will be used for future evaluation of results.

Concluding message

Posterior tibial nerve stimulation is a useful, non-invasive option and an effective treatment for overactive bladder syndromes in patients who have failed step-wise management. (1,2)

References

- 1. NICE guidance on percutaneous posterior tibial nerve stimulation for overactive bladder syndrome, October 2010.
- 2. NICE clinical guideline on urinary incontinence; The management of urinary incontinence in women, October 2006.

Disclosures

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