

## THE EXPERIENCES OF SACRAL NEUROMODULATION ON REFRACTORY INTERSTITIAL CYSTITIS/PELVIC PAIN SYNDROME

### Hypothesis / aims of study

To introduce the experiences of sacral neuromodulation on refractory interstitial cystitis/pelvic pain syndrome

### Study design, materials and methods

From January 2013 to February 2016, 16 patients with refractory interstitial cystitis, including 4 male patients and 12 female patients, were recruited in our study. They were all received sacral neuromodulation treatment. We tried to compare the data before stage I tined lead implanted and the data of short term follow-up after stage II implanted pulse generator embedded in order to summarize the initial experiences of SNM for IC/PPS.

### Results

All 16 patients received stage I operation with percutaneous approach to implant a tined lead, three female patients finally removed the tined lead because of poor testing effects. 13 patients choosed embedding IPG at the end of stage I. The conversion rate of stage I to stage II is 81%. The follow-up time after stage II was 17.1 months. The data of voiding frequency in 24 hours, nocturia, average voiding amount, O'leary-sant scale score, quality of life, Sex rating and Numeric Pain Intensity Scale between baseline (before stage I) and at the follow-up time were 21.2 Vs 14.8 ( $p<0.05$ ), 4.3 Vs 3.0 ( $p<0.05$ ), 119.4ml Vs 168.6ml ( $p<0.05$ ), 25Vs 18 ( $p<0.05$ ), 5.8Vs3.6 ( $p<0.05$ ); 5.6Vs 3.2 ( $p<0.05$ ) and 8.2 VS 3.1 ( $p<0.05$ ), respectively. During the follow-up period, 6 patients satisfied with symptoms relieve without recurrence, 6 patients had slightly symptoms recurrence and 1 patients had sever symptoms recurrence. 54% patients received reprogramming, the average reprogramming rate was 1.89/person and 92%(12/13) patients had their symptoms improved greater than 50% during follow-up.

### Concluding message

SNM is an effective, safe and minimally invasive procedure for refractory IC/PPS; IC/PPS is a good indication for SNM and had more transfer rate from stage I to stage II. Patients should be arranged for regular programming and follow-up after stage II implantation.

### References

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### Disclosures

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