

SACRAL NEUROMODULATION FOR DETRUSOR HYPERACTIVITY WITH IMPAIRED CONTRACTILITY.

Hypothesis / aims of study

Detrusor hyperactivity with impaired contractility (DHIC) is a challenging condition to manage. Sacral neuromodulation (SNM) is a proven treatment modality for both the individual aspects of DHIC. To date, data reporting the outcome of SNM for DHIC is lacking.

Study design, materials and methods

Consecutive patients undergoing SNM for DHIC were followed prospectively, from April 2013 to October 2016. Patient demographics, bladder diaries, subjective response rates, ICIQ-OAB and PGI-I scores were recorded. Success was defined as greater than 50% improvement in storage symptoms and a 50% improvement in voided volume or reduction of post-void residual volumes.

Results

20 patients underwent stage 1 trial of SNM for DHIC. Median age was 68.5, IQR (54.25 -76.25). 13 (65%) patients were female. 14/20 (70%) of patients had a significant treatment response, 9/20 had a response to both elements of DHIC, 4/20 patients had a response to the detrusor overactivity (DO) alone and 1/20 had a response to the voiding component alone. 12/20 (60%) patients proceeded to insertion of an IPG. At mean follow-up of 17 months, IQR (1.5 – 35), 11/12 (91.7%) of patients are still using the SNM for DHIC. Median PGI score is 2, IQR (2 – 4). SNM for DHIC resulted in statistically significant improvements in voided volume ($p=0.016$), PVR ($p=0.0296$), ICIQ-OAB score ($p<0.0001$) and ICIQ-OAB bother score ($p=0.016$)

Interpretation of results

This is the first study we know of to report the results of SNM for DHIC. SNM is associated with satisfactory success rates, treating both the detrusor hyperactivity, and impaired contractility components of this condition.

Concluding message

SNM is a valid treatment for patients with DHIC.

Disclosures

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