

EFFICACY OF SACRAL ROOTS NEUROMODULATION IN THE TREATMENT OF BLADDER PAIN SYNDROME/INTERSTITIAL CYSTITIS IN BOTH MEN AND WOMEN

Hypothesis / aims of study

Sacral roots neuromodulation is suggested as a third-line therapy for bladder pain syndrome/interstitial cystitis (BPS/IC) in EAU Guidelines on Chronic Pelvic Pain. It is also considered as a fourth-line treatment in the AUA Guidelines. Our aim is to report our experience with this technique and the results in the long term.

Study design, materials and methods

Retrospective multicenter study of 86 patients (65 women and 21 men) with BPS/IC and who underwent sacral neuromodulation for this purpose. The sample was divided by gender in order to compare the results in women (group A) vs. in men (group B).

Variables studied: age, medical and surgical background, physical examination, complementary studies, follow-up time, answers to O'Leary-Sant and SF-36 questionnaires prior to treatment and at 3, 6 and 12 months after, and then yearly.

Statistical analysis: descriptive statistics, ANOVA, Student's t-test, Fisher's exact test. $p < 0.05$ was considered statistically significant.

Results

Average age was different in both groups: 54.3 years in women and 46.8 years in men. There was no difference in the follow-up time (average 2701.60 days, range 365-6430 days). There was no difference between groups in the answers to the O'Leary-Sant and SF-36 questionnaires before treatment. Tined led was removed in 6 women and 4 men because of lack of efficacy or discomfort. The improvement after implantable pulse generator's programming was significantly shown in both disease-specific and quality of life tests. This beneficial effect was maintained in the long term.

Interpretation of results

The pain syndromes are defined by a process of exclusion. As defined by the ICS, painful bladder syndrome is the complaint of suprapubic pain related to bladder filling, accompanied by other symptoms such as increased daytime and night-time frequency, in the absence of proven urinary infection or other obvious pathology.

It has been previously described that sacral roots neuromodulation may play a role in the management of pain disorders, since a peripheral and a central effect can be induced. Large series with long follow-up are lacking in the literature.

Concluding message

Patients with BPS/IC require tailored and combined treatment strategies. A significant benefit was achieved with sacral roots neuromodulation in both men and women, also in the long term.

References

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Disclosures

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