

IS THE OUTCOME OF SACRAL NEUROMODULATION AFFECTED BY NUMBER AND TYPE OF PREVIOUS PELVIC PROCEDURES?

Hypothesis / aims of study

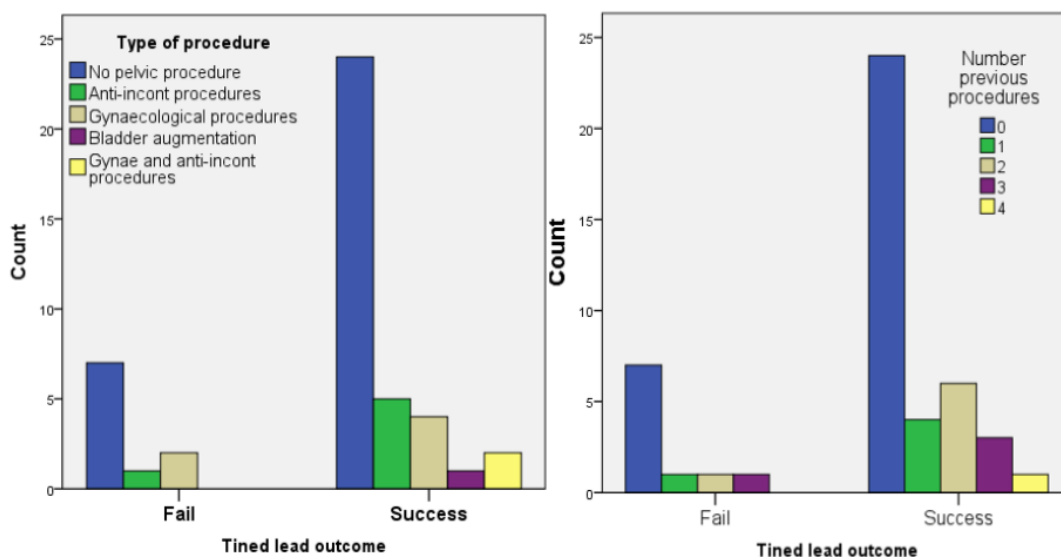
Idiopathic Detrusor Overactivity (IDO) is a subgroup of Overactive Bladder (OAB), characterised by symptoms of urgency, frequency and incontinence. Sacral neuromodulation is an approved second-line treatment for refractory IDO. This retrospective study examines whether the number or types of previous operations affect the outcome of sacral neuromodulation.

Study design, materials and methods

Data from a consecutive series of 46 female patients who underwent SNM first stage tined lead test (FSTLT) between January and December 2014 in a single centre were reviewed. We classified previous pelvic procedures into four groups; anti-incontinence, gynaecological, bladder augmentation and 'anti-incontinence and gynaecological'.

We defined a successful SNM FSTLT outcome as a greater than 50% improvement in urinary frequency as assessed by the standard frequency-volume chart. Using this data, two sets of contingency tables were created, comparing the rates of success and failure to both the four groups of prior pelvic procedures and to the overall number of procedures. Statistical analysis was performed using Fishers exact test.

Results



(Fig 1: Outcome in Sacral Neuromodulation with respect to type and number of previous pelvic procedures)

Interpretation of results

The 46 female patients had a mean age 51.5 years. 65.2% (n=30) of patients had a successful outcome following the SNM test. These patients went on to a permanent SNM implant. There was no statistically significant difference in the distribution of the number (p=0.91) or type (p=0.93) of previous pelvic procedures between the patients in the success and fail outcome groups (see figure 1)

Concluding message

This study has shown that there is no significant difference in the outcome of SNM based on type or number of previous procedures. Therefore Sacral Neuromodulation can prove a useful treatment option in patients with refractory detrusor overactivity who have had previous pelvic procedures for the treatment of overactive bladder.

Disclosures

Funding: nil **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** Retrospective Study **Helsinki:** Yes **Informed Consent:** No