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SACRAL NERVE STIMULATION – WHO BENEFITS FROM A BILATERAL APPROACH?

Aims of the Study Unilateral sacral nerve stimulation is an accepted therapeutic option in the treatment of chronic urinary retention, urge incontinence and chronic pelvic pain. Published success rates vary between 64 and 75%. The neurophysiological background of the clinical success is still an unknown. Further clinical developments should focus on the improvement of success rates, i.e., by introducing bilateral sacral nerve stimulation.

Methods: A standard neurourological work-up, a percutaneous nerve evaluation and a temporary uni- and bilateral sacral nerve stimulation were carried out in 81 patients. Mean duration of temporary stimulation was 8.4 days. The therapeutic success was evaluated using history, micturition/ pain diary, cystometry, uroflowmetry and post void residual volume.

<u>Results</u>: 65 patients (80.2 %) were tested successfully. 71.6 % of all patients benefits from a unilateral stimulation only. However, 8.6 % needed a bilateral stimulation for therapy success. Looking in detail we found the following improvement rates comparing uni- and bilateral temporary sacral nerve stimulation:

1. chronic urmary retention 80.6 % → 86.2 %

2. urge incontinence $42.1 \% \rightarrow 63.2 \%$

3. chronic pelvic pain $80.8 \% \rightarrow 84.6 \%$.

19.2 % of all patients did not respond on sacral nerve stimulation.

Conclusions: Patients with urge incontinence benefit most from a bilateral approach. 21.1 % of all patients suffering from urge were significantly improved during bilateral sacral nerve stimulation. For patients suffering on urinary retention and chronic pelvic pain a bilateral sacral nerve stimulation does not reveal a significant advantage. Because of the immense cost factor all patients should be screened primarily for the effect of unilateral sacral nerve stimulation. In case of failure a bilateral approach should be considered.

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