Medical College of Wisconsin, Milwaukee, WI, USA

Introduction

- For sacral neuromodulation (SNM, InterstimTM), staged implant test ۲ the highest rate of progression to device implantation [1]
- Stage 1 lead placement (SNM-I) is typically done in OR under gene (GA) or monitored anesthesia care (MAC) with the patient receiving
 - MAC: allows for both motor and sensory testing (patient can resp questions)
 - GA: motor testing alone

MEDICAL COLLEGE

- Studies suggest successful outcomes with motor testing alone [2,3]
- At our institution we previously performed SNM-I under MAC but no GA
- We sought to determine if the mode of anesthesia influences the or staged SNM testing by comparing the outcomes (rate of progressic implant, SNM-II) of our patients who had MAC vs GA

Methods

- Retrospective chart review of patients who underwent staged impla (SNM-I) for refractory overactive bladder (OAB) with urge incontine
- SNM-I was performed in the operating room under general anesthe or monitored anesthesia care (MAC group)
- Clinical variables compared between the groups (sex, age, body m neurologic diagnosis)
- Outcome of interest: rate of patient progression to stage 2 device in
 - Had to experience
 <u>> 50%</u> improvement in symptoms during SN
 - Overall subjective impression of improvement (analog sca
 - Bladder diaries, pad tests
 - Chi square test, T test

Does The Type Of Anesthesia During Stage 1 Testing For Sacral Neuromodulation For Urge Urinary Incontinence Influence The Outcome?

BT Waldoch, DJ Anderson, SA Newton, RC O'Connor, ML Guralnick

Department of Urologic Surgery

				Results	5			
	All patients, MAC vs GA							
sting produces		MAC	GA	р				
neral anesthesia	n	95	23		-	Comparison of all GA patients and 23 most recent MAC patients		
ng IV sedation spond to	Female	86 (82.6%)	16 (69.6%)	0.01		MAC	GA	р
	Mean Age	54.7	54.5	0.97	n	23	23	
,3] now exclusively outcome of	(yrs) Mean BMI	31.1	32.6	0.48	% Female	19 (82.6%)	16 (69.6%)	0.30
	Any Neuro Diagnosis	35 (36.8%)	15 (65.2%)	0.48	Mean Age (yrs)	51.1	54.5	0.53
sion to stage 2	MS	5 (5.3%)	5 (21.7%)	0.01	Mean BMI	30.5	32.6	0.43
	Stroke	6 (6.3%)	1 (4.3%)	0.83	Operative			
	Parkinson's	3 (3.2%)	0 (0%)	0.39	Time (min)	67.2	59.2	0.39
lant SNM testing	Progression to SNM-II	67 (71%)	17 (74%)	0.75	Progression to SNM-II	15 (65%)	17 (74%)	0.52
nesia (GA group)	No difference in rate of progression to SNM-II between groups							
	Conclusions							
mass index [BMI], implant (SNM-II) SNM-I based on: cale)	 We found no significant difference in the rate of device implantation between patients undergoing staged implant testing under MAC vs GA Lends support to body of evidence that assessment of motor response alone may be adequate for SNM lead placement 							
	References							
	 Goldman HB, Lloyd JC, Noblett KL, Carey MP, Casta Ño-Botero JC, Gajewski JB, et al. International continence society best practice statement for use of sacral neuromodulation. Neurourol Urodyn. 2018;37(5):1821–2 Peters KM, Killinger KA, Boura JA. Is sensory testing during lead placement crucial for achieving positive outcomes after sacral neuromodulation? Neurourol Urodyn. 2011;30(8):1489–92 Cohen BL, Tunuguntla HS, Gousse A. Predictors of success for first stage neuromodulation: motor versus sensory response. J Urol. 2006;175(6):2178–80; 							

