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SACRAL NEUROMODULATION CAN BE DONE AS A ONE STAGE PROCEDURE FOR IDIOPATHIC URINE RETENTION

Hypothesis / aims of study

Sacral root neuromodulation is a superior alternative to the standard treatment of idiopathic nonobstructive urinary retention(UR). We report results in 24 successive patients who underwent sacral foramen implantation to restore bladder function with one stage and two stage technique

Study design, materials and methods

From December 2008 to December 2014, a cohort of 24 patients received InterStim tined-lead® (Medtronic Inc., Minneapolis, MN, USA) SNM therapy for UR. Median follow-up time was 38 months (10-72 months). All patients were managed with clean intermittent catheterization and pharmacological therapy (alpha-blockers) before the procedure. All patients were evaluated at 1, 6 12, 18 and 24 months, then yearly thereafter. The results were assessed by patient's symptoms and objectively by checking the postvoid residual volume (PVR) and voided volume.

Results

All 24 patients were female, suffered from idiopathic UR for a median 22 months (7-42 months) before SNM. Median patient age was 31 years (20-52 years). Twenty two (91%) of the stimulated patients showed significant success with implantation of IPG within a median of 21days (7-32). They were able to void spontaneously with a mean increase in voided volume from 50 to 240 mL, and a significant decrease in PVR from 300 to 80 m. we had one wound infection and one lead migration. 20 patients received two-stage InterStim tined-lead; recently we were able to do one stage procedure in 4 patients after intraoperative classic response to S3 stimulation.

Concluding message

Sacral root neuromodulation is successful modality for nonobstructive idiopathic urinary retention. Since more than 90% of patients with pure idiopathic retention have very good response, one stage technique should be considered in those patients. Further prospective, randomized multicentre data highly appreciated.

Disclosures

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