EVALUATION OF SACRAL NEUROMODULATION IN NEUROLOGIC PATIENTS
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Objectives: Assess the efficacy of sacral neuromodulation (SNM) in the treatment of LUTS associated with neurologic voiding disturbances. Material and Methods: 47 patients (mean age 57 [28-88]) underwent SNM testing between December 2004 and June 2010. Twenty-five among them had neurologic diseases (Multiple Sclerosis (MS), Parkinson, cerebral ischemia, herpetic encephalopathy). Indications included OAB with/without urinary incontinence and/or nonobstructive chronic urinary retention. All patients were refractory to first line treatments (antimuscarinics, pelvic floor rehabilitation) and underwent a complete evaluation including micturition log, functional impairment questionnaires (MHU, ICIQ) and pad number evaluation. Definitive lead implantation was proposed when improvement of 50% at least of the voiding disorders, pad quantity, or functional impairment questionnaires (ICS criteria). Results: Thirty patients (63%) were successfully tested and underwent definitive SNM. Mean follow-up was 26 months [1-66]. Seventeen (68%) out of the 25 neurologic patients were implanted. Results remained satisfactory and stable at 6 months for 82% (n = 14) of the neurologic patients. Three patients (17.6%) were dissatisfied with definitive implantation although meeting the definitive SNM criteria. Three patients (17.6%) benefited of an initial success but had to face a disease evolution (MS) impairing the initial success at respectively 6 months, 2 and 3 years, thereby reducing to 64.7% (n =11) the percentage of good results in neurologic patients. Conclusion: SNM is a recommended second line treatment in idiopathic LUTS. In our experience, results in neurologic LUTS are good, although its impairment in evolutive MS leads us to be extremely cautious in this indication.