

NEUROMODULATION FOR INTERSTITIAL CYSTITIS

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INTRODUCTION AND OBJECTIVE: Interstitial cystitis (IC) often times requires a multimodality approach for ultimate success. In our refractory patient population with overactive bladder (OAB) with pain, we consider sacral neuromodulation therapy (SNT) an option for patients with dominant OAB symptoms who have failed all other more conservative management schemes. The purpose of this study was to retrospectively evaluate the outcome of SNT therapy in a cohort of patients treated with IC at our institution.

METHODS: Between April 2002 to July 2004, 27 patients who met the NIDDK criteria for IC were treated with SNT. Operative charts and medical records were reviewed for demographic characteristics, success rates, failure rates, revision rates, and number of programming visits. The status of the patient in relation to the presence of the interstim and its utility and perceived help at last follow up was also extracted.

RESULTS: 89% (24/27 patients) were women, 11% (3/27) men (ages range 19-78, mean 49.7 years). All patients underwent stage one interstim using the tined lead approach, 22 patients (81.5%) progressed to stage 2 based on > 50% improvement in overall clinical status. After a minimum follow up of 3 months, 5 devices were explanted (3 for failure to maintain efficacy and 2 for infection). Among those patients who still carry the device, 13 expressed continued benefit and 4 complained of loss of efficacy. Therefore, our overall clinical success rate with SNT for IC is 13/27 (48%).

CONCLUSIONS: Despite, the encouraging high success of progression to stage two in this patient population, the long term follow up revealed a significant decrease in clinical success reaching an overall of 48%. The exact reason for this decline in long term success is unclear. This is an important finding for proper counseling of IC patients undergoing this form of therapy.