

Sacral Neuromodulation for Refractory Overactive Bladder, Interstitial Cystitis, and Painful Bladder Syndrome

Aaron Laviana, MD, Forrest Jellison, MD, Ja-Hong Kim, MD*

KEYWORDS

- Sacral neuromodulation • Overactive bladder • Interstitial cystitis • Painful bladder syndrome
- Urinary urge incontinence • Pelvic floor disorders • Chronic pelvic pain

KEY POINTS

- Sacral neuromodulation is a treatment option approved by the Food and Drug Administration for refractory overactive bladder syndrome, which consists of urinary frequency, urgency, nocturia, and urge incontinence.
- There is a growing body of evidence supporting off-label use of sacral neuromodulation for the treatment of interstitial cystitis, painful bladder syndrome, and chronic pelvic pain.

INTRODUCTION

Sacral neuromodulation (SNM) is a minimally invasive treatment modality for patients who fail conservative therapy, avoiding the morbidity of extensive surgery for many pelvic floor disorders. Since its approval by the Food and Drug Administration (FDA) in 1997 for urinary conditions related to overactive bladder (OAB) symptoms, the indications for use of SNM continue to expand; they now include nonobstructive urinary retention (1999) and, more recently, fecal incontinence (2011).

There are reports of the off-label use of SNM for other urinary conditions and pelvic floor disorders, such as neurogenic bladder and interstitial cystitis/painful bladder syndrome (IC/PBS).^{1–5} Although it is considered off-label for IC/PBS, the American Urological Association (AUA) includes SNM in its treatment guideline algorithm (Fig. 1). Furthermore, SNM has demonstrated efficacy in treating chronic pelvic pain, which some

experts consider a variant of complex visceral pain syndrome.^{6,7}

This article focuses on the use of SNM for the treatment of OAB symptoms and IC/PBS, with detailed discussion on its mechanism of action, pertinent technical aspects, and relevant clinical conditions.

BACKGROUND

Mechanism of Action

The clinical benefits of SNM therapy are well established for the treatment of OAB and the urinary symptoms of IC/PBS.^{4,8,9} Although the precise mechanism is not entirely understood, SNM treats a wide array of urinary conditions of the pelvic floor. Understanding the effects of SNM on voiding function involves knowing the micturition reflex and anatomy of the lower urinary tract. SNM stimulates the sympathetic, parasympathetic, and somatic fibers of the sacral nerves through a tined

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Division of Pelvic Medicine and Reconstructive Surgery, Department of Urology, UCLA School of Medicine, 200 Medical Plaza, Suite 140, Los Angeles, CA 90095, USA

* Corresponding author.

E-mail address: jhkim@mednet.ucla.edu

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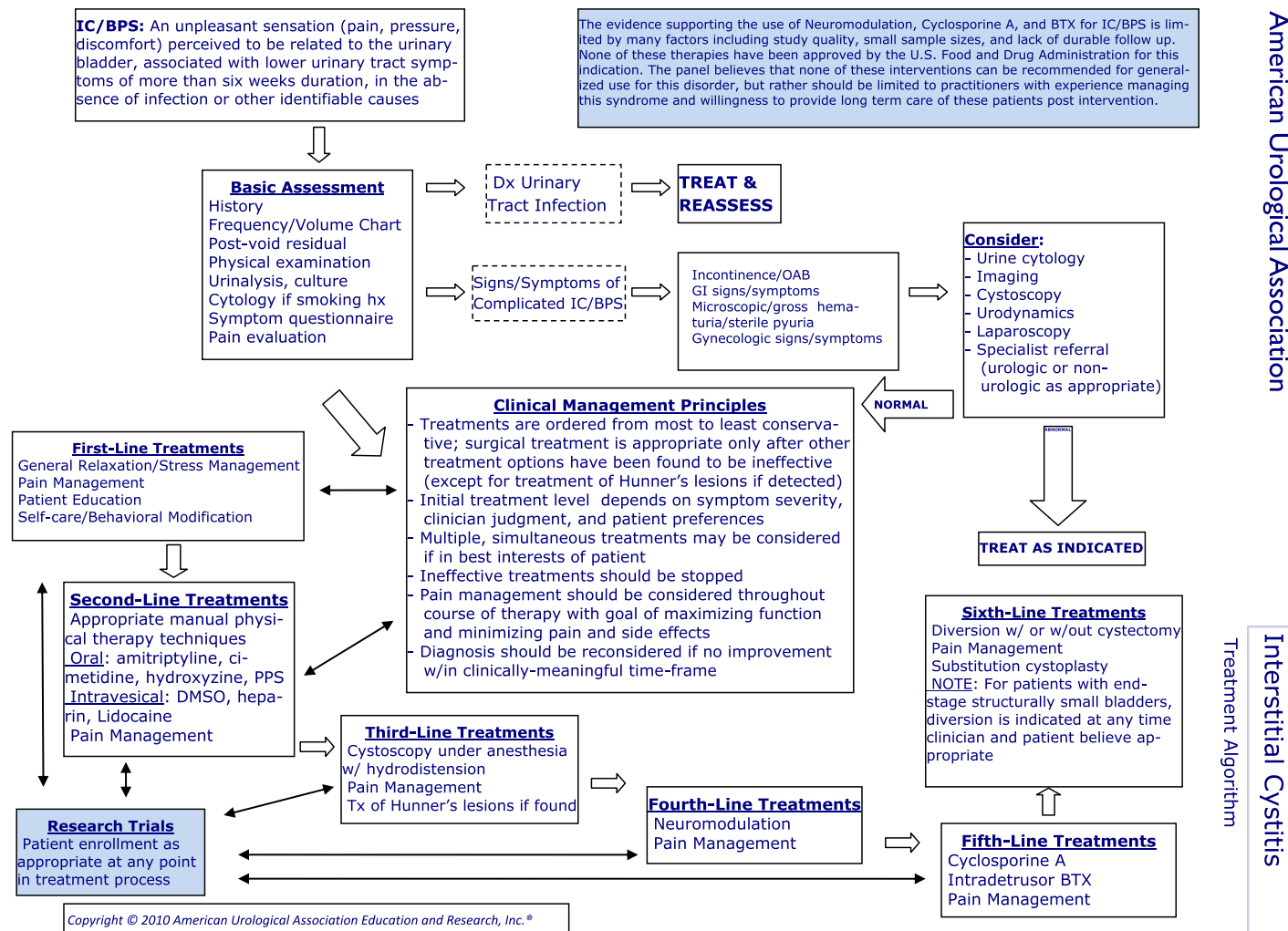


Fig. 1. The American Urological Association treatment algorithm for interstitial cystitis/painful bladder syndrome includes sacral neuromodulation for refractory cases (for complete guidelines see www.auanet.org/guidelines). (Hanno PM, Burks DA, Clemens JQ, et al. Guideline on the Diagnosis and Treatment of Interstitial Cystitis/Bladder Pain Syndrome (2011). American Urological Association Education and Research, Inc., ©2011; with permission. Available at: <http://www.auanet.org/education/guidelines/ic-bladder-pain-syndrome.cfm>.)

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