Sacral neuromodulation outcomes in male patients with overactive bladder (neurogenic and non-neurogenic)

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Hypothesis / aims of study

Sacral neuromodulation (SNM) is an effective, guidelines supported, third line minimally invasive treatment FDA approved for overactive bladder (OAB). While the prevalence of OAB is similar between male and females no studies assess the outcomes of SNM in male patients alone.

In this retrospective study, we followed 53 male patients with neurogenic and non-neurogenic OAB to assess efficacy, personal satisfaction, need for other treatments and complications.

Study design, materials and methods

Between 2014 and mid-2021, 53 patients underwent SNM for neurogenic (n=7) and non-neurogenic (n=46) OAB. All patients were followed between 1 to 7 years after the SNM. Thorough chart review assessed patient satisfaction, symptom improvement, complications and the need for other treatments. The institution and the research ethics board approved data collection as a medical quality review.

Results

Most patients had medication trial (79%) and/or intravesical Botox injection (28%) prior. After SNM, only 5 patients (9%) had insufficient symptom relief (<50% symptom improvement). Male patients reported high satisfaction within a year (91%), more than a year (81%) and significant improvement overall (94%). Most patients did not have any complication after surgery (77%) except for device pain (12%), insufficient efficacy (6%) and infection (5%). Most patients did not need other treatment after SNM (60%) and those with adjunct treatment included OAB oral medication (32%) and Botox (9%). Our analysis of the wet OAB sub-group (n=20) indicated the same early and long-term satisfaction (85%, 80%), overall improvement (90%), complication rate (<25%) and adjunct treatment percentage (35%) as compared to the entire OAB cohort. The neurogenic bladder sub-group (n=7) also experienced high satisfaction both less and beyond 12 months (100%, 86%), improvement in symptoms (100%), no complications and 29% use of adjunct treatments.

Interpretation of Results

As compared to other studies in literature about female with overactive bladder and SNM treatment, the satisfaction rate at 1 year and beyond, the complication rate and the adjunct treatment percentage are similar or better in the male group. It shows that men with SNM insertion as women have great success and improvement with this third line therapy in overactive bladder patients with or without neurogenic bladder. This procedure is safe and useful with lower risks of short and long-term complication as stated in literature.

CONCLUSIONS

SNM in men with neurogenic and non-neurogenic OAB is a useful and safe procedure. Most patients experience long-term satisfaction, and improvements continue for years after the surgery. Finally, the complication rate in this study is less than the average found in the literature as the need for adjunct treatment.

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