

# Sacral neuromodulation outcomes in male patients

## with pelvic pain and fecal incontinence

Abs. 129



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### Hypothesis / aims of study

Sacral neuromodulation (SNM) is an effective third line treatment used to treat overactive bladder (OAB). Compared to female patients, there is limited neuromodulation data involving male patients with OAB or non-bladder conditions (chronic pelvic pain and fecal incontinence (FI)). No studies have assessed the outcomes of SNM in male patients for chronic pain and FI.

In this retrospective study, we followed 17 patients with non-bladder conditions to assess efficacy, personal satisfaction, need for other treatments and complications.

### Study design, materials and methods

Between 2014 and mid-2021, 17 patients (with a successful percutaneous nerve evaluation or first stage trial prior) underwent SNM for pelvic pain and FI. All patients were followed between 1 to 7 years after the neuromodulation insertion. A thorough chart review extracted patient satisfaction, symptoms improvement, complications and the need of other treatments.

### Results

Most FI sub-group male patients were satisfied, and improvement continue for years. The pelvic pain sub-group were mostly satisfied and improved within the first year, but this improvement diminished beyond a year and most required adjunct treatment. Finally, the success rate for FI in male patients is high, but mixed for pelvic pain male patients however, SNM may be useful in a multimodal treatment strategy.

### Interpretation of Results

71% of the pelvic pain sub-group (n=7) had medication or pelvic physiotherapy treatment before SNM. After surgery, 2 patients had insufficient pain control (29%). SNM was largely well-tolerated with a 71% satisfaction rate .

Unfortunately, after 1 year of treatment, only 29% of the patients were satisfied and felt the improvement was significant. The need for other intervention was 71% and most of them were pelvic pain medication or BPH surgery. Complication rates were low (29%) including 2 patients with battery and lead pain (15%) and poor efficacy (14%).

In the FI sub-group (n=10), 4 patients (40%) had previous surgeries (low anterior resection) and 6 had idiopathic FI. Following SNM implantation, only 2 patients had failure (20%). SNM resulted in high satisfaction within a year (90%) and beyond a year (80%). Complication rates were low (20%), including battery site pain (10%) and poor efficacy (10%). No FI patients required further treatments.

### CONCLUSIONS

Sacral neuromodulation in men with pelvic pain and FI is a useful and safe procedure. Most fecal incontinence sub-group male patients were satisfied, and improvement continue for years. In the pelvic pain sub-group, most patients were satisfied and improved within the first year, but it didn't last beyond a year and most required adjunct treatment. Also, sacral neuromodulation in our center had a low complication rate. Finally, our study shows that success rate is high for fecal incontinence in male patients, and it's mixed for pelvic pain male patients but can be useful in a multimodal treatment strategy.

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