

Cappellano, F., Finazzi-Agrò, E., Giollo, A., Petta, F., Catanzaro, M., Miano, R., et al. (2006). Percutaneous tibial nerve stimulation (PTNS): Results at long term follow up. Abstract presentation, SIUD National Congress, Italy.

OBJECTIVE: To investigate whether PTNS results are maintained for months or years after treatment and the need for chronic PTNS therapy.

MATERIALS AND METHODS: Retrospective analysis of 256 patients treated with PTNS for overactive bladder (OAB) or non-obstructive urinary retention (NOUR) who had previously been treated with conventional treatments (drugs, behavioral therapy, rehabilitation protocols) with unsatisfactory results. OAB responders were considered to be those with >50% reduction in micturitions episodes. NOUR responders were considered to be those with a >50% reduction of the total catheterized volume/day. Responders were treated with a tapering protocol of PTNS every 2 weeks, every 3 weeks and so on. Some patients received home-based treatment with transcutaneous tibial nerve stimulation. Results were obtained using voiding diaries and quality of life questionnaires.

RESULTS: 112 responders were treated by means of a tapering protocol of stimulations or home-based treatment (33). Mean follow-up was 35 months (range 2-72 months). 135 of 145 patients requested periodic stimulations and showed a worsening of their clinical situation after discontinuation of the treatment. 10 patients showed stability of obtained results some months after discontinuation of treatment. 15 patients (10%) were not classifiable as responders at maximum follow-up. Differences immediately after PTNS therapy and at maximum follow-up were not statistically different for mean catheterized vol/day (ml) of 120 ml compared to 85 ml; number of catheterizations/day of 1.8 compared to 1.5; number of micturitions/day of 7 compared to 7; number of incontinence episodes/day of 1 compared to 0.8; I-QoL of 95 compared to 95; and total responders at 100% compared to 90%.

CONCLUSION: PTNS is an effective treatment for OAB and NOUR with stable results at 3-year mean follow-up. Patients need a periodic stimulation to maintain the obtained results.

Source: Uroplasty summary of original abstract