

Sacral nerve stimulation for idiopathic chronic non- obstructive urinary retention

Information for the public

Published: 25 November 2015

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What has NICE said?

Sacral nerve stimulation for idiopathic chronic non-obstructive urinary retention is safe enough and works well enough for use in the NHS.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure, and discuss the possible benefits and risks with you. You should also be told how to find out more information about the procedure. All of this should happen before you decide whether you want to have this procedure or not.

Other comments from NICE

NICE said that patients reported consistent benefits from the procedure and described

substantial improvements in quality of life.

Your healthcare team

A healthcare team experienced in managing bladder dysfunction should decide which patients should be offered this procedure. The procedure should only be done in a specialist centre by a healthcare team with experience in the use of sacral nerve stimulation.

The condition

Idiopathic chronic non-obstructive urinary retention is an inability to completely empty your bladder. This may mean you find it difficult to start urination, or when you do, you may not be able to completely empty your bladder. Non-obstructive urinary retention means that there is no physical obstruction to the urine flow. Idiopathic means that the cause is not known.

In men, the first treatments tried are usually drugs, such as alpha blockers, followed by surgery to stretch the urethra if drugs don't work. In women, surgery to stretch the urethra is usually the first treatment. If these treatments don't work, further surgery may be needed.

NICE has looked at using [sacral nerve stimulation](#) as another treatment option.

The procedure

Sacral nerve stimulation first involves an evaluation phase, to help the patient and the clinician decide if this therapy might be beneficial. There are 2 main techniques used for this evaluation, both of which involve implanting an electrode either on or near a sacral nerve, under either local or general anaesthetic. The leads are attached to a small device, which allows the level of stimulation to be adjusted.

When the evaluation phase is finished, the stimulator device is implanted into the upper buttock, with the patient under general anaesthetic. The patient can control the device with a hand-held programmer. The aim is to restore the ability to empty the bladder voluntarily, and remove the need for a catheter to be used to empty the bladder.

Benefits and risks

When NICE looked at the evidence, it decided that sacral nerve stimulation is safe enough and works well enough for use in the NHS. The 17 studies that NICE looked at involved a total of 969 patients.

Generally, they showed the following benefits:

- an increase in the amount of urine emptied from the bladder – the total amount emptied per day nearly doubled after 6 months of treatment
- a decrease in the number of catheterisations per day. After 18 months, 58% of patients treated by sacral nerve stimulation did not need a catheter.

The studies showed that the risks included:

- pain and infection
- problems with the device or the leads not working or moving out of position.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?

- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

ISBN: 978-1-4731-1542-2

Accreditation

