

National Institute for Health and Care Excellence

IP1238– Sacral nerve stimulation for idiopathic chronic non-obstructive urinary retention Consultation Comments table

IPAC date: Thursday 10 September 2015

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 British Association of Urological Surgeons	1	1. SNS is a technically easy procedure to perform but the patient selection, pre-operative assessment and ensuing management of these patients, their devices and the possible complications does require sub-specialist knowledge. We would recommend that the uptake of this procedure should remain confined to units with specialist expertise in this area.	Thank you for your comment. Section 1.2 of the guidance states: 'Patient selection and treatment should be done in specialist units by clinical teams who are experienced in the assessment, treatment and long-term care of patients with bladder dysfunction, and in the use of sacral nerve stimulation.'
2	Consultee 1 British Association of Urological Surgeons	3.2	2. In paragraph 3.2, it is stated 'A newer 2-stage technique involves implanting a permanent tined lead, with a quadripolar electrode, on the sacral nerve through the third sacral foramen.' Although the S3 nerve root is most frequently targeted, it is not uncommon for other foramina to be selected on the basis of intraoperative assessment (eg S4)	Thank you for your comment. Section 3.2 of the guidance has been changed.

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3	Consultee 1 British Association of Urological Surgeons	1	3. The assessment of urinary retention (particularly in females) requires careful assessment to exclude specific causes (eg underlying neurological condition). Although this is outside the remit of this document, the need for careful patient assessment and case selection should be highlighted. The current guideline could be interpreted as suggesting a simple pathway where patients undergo a urethral dilatation then proceed with SNS.	Thank you for your comment. Section 1.2 of the guidance states: 'Patient selection and treatment should be done in specialist units by clinical teams who are experienced in the assessment, treatment and long-term care of patients with bladder dysfunction, and in the use of sacral nerve stimulation.'
4	Consultee 2 The British Society of Urogynaecology	General	NICE consultation - the safety and efficacy of Sacral nerve stimulation for idiopathic chronic non-obstructive urinary retention (IP1238) The British Society of Urogynaecology asked its members to comment on the above consultation. A view was expressed that there should be some comment on the cost of the procedure and relatively high complication/revision rate. This email is sent on behalf of the BSUG Executive Committee. Please do not hesitate to contact me if you need anything further from me.	Thank you for your comment. Cost-effectiveness is not part of the remit of the IP Programme. A new section 1.2 has been added to the guidance, recommending that clinicians ensure that patients understand the risk of complications, the likely need for further surgery and the possible need for device removal.

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