Sacral nerve stimulation for urge incontinence and urgency-frequency

Understanding NICE guidance – information for people considering the procedure, and for the public

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called sacral nerve stimulation for urge incontinence and urgency-frequency. It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether sacral nerve stimulation is safe enough and works well enough for it to be used routinely for the treatment of urge incontinence and urgency-frequency.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of sacral nerve stimulation for urge incontinence and urgency-frequency and how well it works

- asked experts for their opinions

- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on ‘interventional procedures’ (see ‘Further information’ on page 10).
About sacral nerve stimulation

NICE has looked at sacral nerve stimulation for people with some symptoms of what’s known as an overactive bladder. This is the phrase used when someone’s bladder works in a less well-controlled way than normal. For example, the person may have urge incontinence, which is the medical term for what happens when a person feels a strong urge to urinate and then can’t stop themselves from passing some urine (because they don’t have time to get to the toilet). Urgency-frequency is another symptom of an overactive bladder. The urgency part means that the person doesn’t get much warning that they need to pass urine. The frequency part means that they often feel the need to do so.

Sacral nerve stimulation involves sending a burst of electrical signals to the nerves that control the bladder and urine system. The aim is to make the bladder work in a more controllable way.

The electrical signals are produced by a small pulse generator device that is implanted under the person’s skin, and which is connected to the nerves by leads.
How well it works

For this procedure, NICE arranged what is known as a ‘systematic review’. This means that evidence from a wide range of scientific sources was looked at to get a broadly based view of what happens to patients who have sacral nerve stimulation. Expert’s opinions may also be included in a systematic review.

What the studies said

Two of the studies on sacral nerve stimulation for urge incontinence that NICE looked at showed that half the people who had sacral nerve stimulation were completely back to normal (that is, they didn’t have any more incontinence), and most people (80%, or 8 out of 10) showed good improvement (more than a 50% improvement in their symptoms). As a comparison, only 1 in 20 people who had other treatments, but not sacral nerve stimulation, showed this amount of improvement.

One of the studies also looked at sacral nerve stimulation in people with urgency-frequency. Just over half these people had a good improvement in their symptoms (more than a 50% improvement) after they had the device implanted. As a comparison, only 1 person in 25 who had other treatments, but not sacral nerve stimulation, showed this amount of improvement.
NICE also found other studies, but these didn’t include a comparison with people who’d had other treatments. The results of these were roughly the same as the ones described above. The reports suggested that the effects of sacral nerve stimulation last for at least 3–5 years after the device has been implanted.

**Risks and possible problems**

**What the studies said**

The studies NICE found didn’t have much information about problems that happened. Most of the information was about problems putting the device into position. Overall, around a third of patients needed another operation to move the device or the leads or to repair the leads. Most commonly, the device had to be moved because it was causing pain or it had become infected.

Nearly a quarter of people felt pain in the area of the device or the place where the electrical signals met the nerves. Other problems were:

- movement of the leads (this happened in 16% or 130 people out of 807)
- problems at the site of the operation (20 people out of 283, or 7%, had this)
• effects on the bowels (20 people out of 353, or 6%, had this)

• infection (35 people out of 739, or 5%, had an infection).

There were no cases of long-term problems with the nerves after the operation.

What has NICE decided?

NICE has considered the evidence on sacral nerve stimulation. It has recommended that when doctors use it for people with urge incontinence and urgency-frequency, they should be sure that:

• the patient understands what is involved and agrees (consents) to the treatment, and

• the results of the procedure are monitored.

NICE has also said that it’s important that the procedure is used on the right patients. Sacral nerve stimulation should only be tried by people who have tried other treatments without success, for example, trying medicines for incontinence, making some changes in their daily lives, or learning techniques to help control the bladder. Before sacral nerve stimulation is tried, patients should have a nerve test to see whether their nerves are likely to respond to the treatment.
Other comments from NICE

NICE has outlined some of the information that is not available from the studies that it found.

- It’s not yet known whether having sacral nerve stimulation improves a person’s enjoyment of life in the long term, or whether it actually causes problems that reduce their enjoyment of life.

- There isn’t much information about what happens in older people who have sacral nerve stimulation.

- At the moment, more is known about what happens in people with urge incontinence than in people with urgency-frequency.

What the decision means for you

Your doctor may have offered you sacral nerve stimulation for urge incontinence and urgency-frequency. NICE has considered this procedure because it is relatively new. NICE has decided that the procedure is safe enough and works well enough for use in the NHS. Nonetheless, you should understand the benefits and risks of sacral nerve stimulation for urge incontinence and urgency-frequency before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.
Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on sacral nerve stimulation for urge incontinence and urgency-frequency is on the NICE website (www.nice.org.uk/IPG064guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0591. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on incontinence, a good starting point would be NHS Direct (telephone 0845 4647) or NHS Direct Online (www.nhsdirect.nhs.uk).

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