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ONE-YEAR OUTCOMES OF INTERSTIM X RECHARGE-FREE SACRAL NEUROMODULATION (SNM) DEVICE FROM A SINGLE UK CENTRE

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Aims

The new Interstim X (Medtronic TM) recharge-free sacral neuromodulation (SNM) device was approved for use in the UK in January 2023. We report our 1-year experience of using this device in the treatment of overactive bladder (OAB) and chronic urinary retention (CUR).

Methods

Between January 2023-January 2024, 31 consecutive patients underwent implantation of Interstim X in our tertiary referral centre. Patient demographics, clinical indication and adverse event data were collected. Efficacy data were collected using a 3-day bladder diary. Successful outcome was defined as ≥50% reduction in urge urinary incontinence (UUI)/ urinary-frequency episodes for OAB and ≥ 50% reduction in need for self-catheterisation for CUR.

Results

Indications for implant included CUR (n=19, 61%); refractory OAB (n=10, 32%) or both (n=2, 7%).

Sixteen patients (52%) patients had exchange of Interstim II battery to Interstim X (for depletion) and 15 patients (48%) underwent a first stage trial (FST).

Overall, 29 patients (93.5%) responded to SNM therapy. One patient underwent explantation after FST due to inefficacy. One patient had a depleted Interstim II battery (implanted in South Africa) with return of OAB symptoms, chose Interstim X for battery exchange but remained wet post-procedure.

Of those with CUR, 15 (68%) were catheter-free after implant. Of those with OAB, 11 (92%) had ≥50% reduction in UUI episodes/urinary frequency.

There were no reported intra-operative or device-associated complications. Post-operatively, one patient (3%) had a superficial wound infection and 2 patients (7%) reported stimulation-related discomfort.

Conclusion

The Medtronic TM Interstim X device provides safe and effective SNM therapy for patients with both OAB and CUR. There were no device-related complications. There were no incompatibility issues identified for patients who attended for battery exchange with a pre-existing Medtronic lead in-situ. The high therapy response rate observed requires further evaluation through longer follow-up to ensure longevity.