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WOMEN WITH IDIOPATHIC NON-OBSTRUCTIVE URINARY RETENTION (NOUR): DIAGNOSTIC TESTS OR STRAIGHT TO A TRIAL OF SACRAL NERVE STIMULATION (SNS)?

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Introduction:

Reports indicate that women with NOUR who have an abnormal external urethral sphincter (EUS-EMG), have better SNS outcomes. However, EUS-EMG is not widely available in the NHS to aid in patient selection. We aimed to assess whether MUCP could be an alternative to EUS-EMG. SNS outcomes were correlated with MUCP, EUS-EMG and urodynamic parameters.

Patients and Methods:

Retrospective study including UPP and EUS-EMG from 200 women with NOUR referred to a U.K. specialist centre between 2015-2022. Urodynamic parameters from filling cystometry and pressure-flow studies were collected when available. All SNS trials were staged procedures done with a tined lead and success defined as >50% clinical improvement. P values <0.05 were considered for statistical significance.

Results:

MUCP was higher in abnormal ($92.5 \pm 28.0 \text{ cmH}_2\text{O}$, $n=86$) vs normal EUS-EMG patients ($78.2 \pm 28.4 \text{ cmH}_2\text{O}$, $n=114$) ($p < 0.001$), but poorly predicted EUS-EMG result (AUC=0.64 in ROC analysis). Fifty-one (25.5%) SNS trials were performed; 41(80.4%) were successful. Failure rates were not statistically different in abnormal (22.6%) vs normal EUS-EMG (15%) or $\text{MUCP} \leq 100 \text{ cmH}_2\text{O}$ (20.5%) vs $>100 \text{ cmH}_2\text{O}$ (16.7%) ($p=0.648$). Urodynamic reports were available from 34/51(66.7%) patients. MUCP, EUS-EMG and outcome of SNS did not correlate with the presence of bladder outlet obstruction ($n=13$), detrusor hypocontractility ($n=5$) or acontractility ($n=14$).

Conclusion:

MUCP cannot predict EUS-EMG result. Moreover, neither MUCP, EUS-EMG result or other urodynamic parameters correlated with SNS outcome in women with NOUR. This raises the question as to whether we should offer SNS to NOUR patients solely based on symptoms. Larger prospective studies are required to answer this question.