

OP10

NURSE LED PERCUTANEOUS TIBIAL NERVE STIMULATION CLINIC: A RETROSPECTIVE SERVICE EVALUATION IN AN ACCREDITED UROGYNAECOLOGY UNIT

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Introduction

Percutaneous Tibial Nerve Stimulation (PTNS) is a minimally invasive treatment for the management of overactive bladder (OAB) and faecal incontinence. BSUG reports 55% cure and 90% improvement to symptoms after completion of a full treatment course (1). NICE recommend that PTNS should be reserved for patients in which conservative treatment options have been unsuccessful (2).

Aims

To evaluate the efficacy of PTNS for both bladder and bowel symptoms and review the service adherence to NICE auditable standards.

Methods

A retrospective service evaluation of (n=36) women undergoing PTNS in an accredited urogynaecology unit between June 2022 -December 2023. Outcomes of treatment were assessed using ICIQ-OAB and Wexner scores before and after completion of treatment.

Results

A total of 36 women aged 25-86 (mean age 64), of which (n=30/36) had pure OAB, 4/36 had mixed urinary and faecal incontinence and 2/36 had faecal incontinence only. 65% (n=20/31) reported subjective improvement and 58% (n=18/31) demonstrated objective improvement with reduction in ICIQ-OAB or Wexner scores. Urinary frequency and nocturia were the most improved symptom domains with only 15% (n=3/20) reporting an improvement in urinary incontinence. We noted that 20 women who reported benefit were also on an anticholinergic or mirabegron.

100% women met the NICE standards: lifestyle advice, bladder training and MDT discussion prior to offering PTNS and 90% (n=28/31) had urodynamic evidence of OAB.

Conclusion

The nurse led PTNS clinic strictly followed the NICE auditable standards for both OAB and faecal incontinence. Majority of women had subjective improvement along with more than half demonstrating objective improvement in symptoms. Women on combined OAB medication and PTNS demonstrated significant improvement in outcomes particularly reduction in urinary frequency and nocturia. Specialist nurses were able to assess and rediscuss at joint pelvic floor MDT symptom improvements thereby offering patients personalised care in specialist units.

Reference:

1 Percutaneous tibial nerve stimulation for overactive bladder symptoms. Patient information leaflet. BSUG, July 2017 2 Percutaneous posterior tibial nerve stimulation for overactive bladder syndrome. Interventional procedures guidance. NICE, October 2010