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IMPROVING PTNS OUTCOMES: THE IMPACT OF A STRUCTURED NURSE-LED SERVICE

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Background

Percutaneous Tibial Nerve stimulation (PTNS) is a 12-week outpatient treatment for overactive bladder (OAB). Lack of structure meant our PTNS service struggled with limited capacity, poor organisation and erratic follow-up. Following NICE guidance we implemented a nurse-led service. We report our outcomes and the impact on clinic efficiency following this service restructure.

Method

The nurse-led service began in April 2022. Women received a bladder diary and ICIQ-OAB questionnaire at week one, six and 12 combined with a nurse-led refresher of bladder retraining and lifestyle measures. Women who reported symptom improvement after completing the 12 week course received 4-6 week top-up treatments with four monthly questionnaires to monitor response. Data was collected prospectively between April to December 2022, and compared to retrospective data from April to December 2021.

Results

Twenty women started the new pathway. To date, eleven have completed the course of whom 91% reported symptom improvement and continue top-up treatments. Three stopped treatment – one due to illness and two reported issues with work. Two were discharged for non-compliance (did not attend two or more sessions). There were three cases of interruption to treatment (sickness, pre-planned holiday and device technical issue). The service restructure led to an increase in clinic frequency, the number of available appointments per clinic and the number of patients seen. There was no change in did not attend rates.

Conclusion

Use of a nurse-led PTNS pathway has improved attendance, increased capacity, reduced wasted appointments and improved patient experience. By using a structured pathway clinicians and nurses can cover clinics in case of absences, to avoid breaks in treatment and improve outcome.