



AB044. 231. Prognostic indicators effecting outcomes of neuromodulation in faecal incontinence—a single centre 15-year experience

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Background: Neuromodulation such as sacral nerve stimulation (SNS) is increasingly popular as a treatment option for faecal incontinence. We report our 15-year experience of SNS at a major tertiary referral centre and investigated the prognostic indicators that influence the outcomes.

Methods: Data was collected between January 2002 to December 2017. A total of 169 patients who tested for temporary SNS were included. A successful test of >50% decrease in four incontinence symptoms qualified for permanent SNS. Failure of SNS was defined by removal of the device ± alternative treatment. Age, gender, presence of colitis, neurological disease, diarrhoea, previous surgery,

obstetric trauma and Wexner score were analysed as independent variables. A binary logistic regression was undertaken using SPSS 24 ($P < 0.05$ was considered as significant).

Results: Of 169 samples, over a median follow up of 5.3 years (range, 0.5–13.8 years), 8 subjects failed the test period. Three subjects died during the follow-up period. Median age of the samples was 62 years (range, 29–91 years) with the ratio of females to males of 27:1. Of the 158 cases who had permanent SNS placed, 19% ($n=30$) failed in symptom improvement. Regression showed a statistically significant increase of failure with diarrhoea as the main incontinence symptom (OR 4.54, 95% CI: 1.3603–15.1562; $P=0.0139$). A >90% reduction in Wexner produced a significant reduction in likelihood of failure (OR 0.3310, 95% CI: 0.1093–1.0030; $P=0.0500$).

Conclusions: Predominant symptom of diarrhoea in incontinence is an independent poor prognostic indicator in SNS and only >90% reduction in Wexner score produces a significant reduction in the risk of failure.

Keywords: Faecal incontinence; pelvic floor; sacral nerve stimulation (SNS)

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