

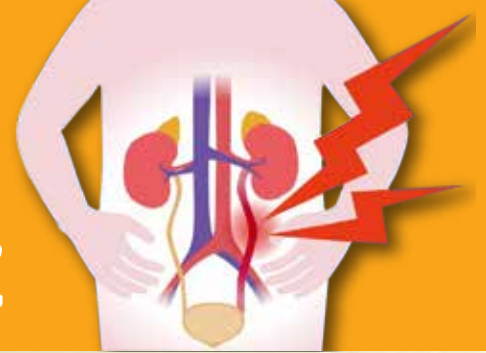


GLOBAL INTERSTITIAL CYSTITIS,
BLADDER PAIN SOCIETY

VOLUME 2, ISSUE 8 (NOVEMBER 2020)

NEWSLETTER

ROLE OF SACRAL NEUROMODULATION IN BLADDER PAIN SYNDROME



GIBS EXECUTIVE BOARD

- Dr. Rajesh Taneja (Chairman-GIBS)
- Dr. Sanjay Pandey (Secretary-GIBS)
- Dr. Rajeev Sood
- Dr. Uttam Mete
- Dr. Shivam Priyadarshi
- Dr. Apul Goel
- Dr. Ranjana Sharma
- Dr. Navita Purohit
- Dr. Amita Jain



FOR ANY ASSISTANCE CONTACT US

✉ info@gibsociety.com

☎ +91 8169746459

🌐 www.gibsociety.com



CALL FOR NEWSLETTER ARTICLES

Be the
NEXT Author!

Please send your contributions to
info@gibsociety.com



FOUNDER PATRON



SWATI SPENTOSE PVT.LTD.

JOIN US! BECOME A MEMBER OF GIBS

<https://gibsociety.com/become-a-lifetime-member/>

Neuromodulation, as defined by the International Neuromodulation Society, is “the alteration—or modulation—of nerve activity by delivering electrical or pharmaceutical agents directly to a target area.” This method is used for a variety of conditions, including chronic pains, headache, tremors, etc. In the field of urology it has applications in the treatment of overactive bladder (OAB) and non-obstructive urinary retention.

Neuromodulation includes many different therapies, like, transcutaneous electrical nerve stimulation, posterior tibial nerve stimulation and sacral neuromodulation (SNM).

Bladder pain syndrome is not an uncommon condition with ill-defined etiology. The treatment options are not very-well defined and not very effective. The treatment is usually directed towards alleviating the symptoms. As per the amended American Urological Association guidelines that were published in 2015, neuromodulation is recommended as fourth-line treatment.

SNM usually involves electrical stimulation of S3 sacral nerve. This technology has received FDA approval for the treatment of refractory OAB and non-obstructive urinary retention. Presently, it is not approved for the treatment of bladder pain syndrome (BPS).

In this method (SNM), an implanted lead and electrode stimulates the sacral afferent roots through the foramina. Studies reporting the

use of this technology in patients with BPS are sparse and usually include few patients.

Wang and colleagues performed a systematic review and meta-analysis of the effect of sacral neuromodulation on BPS. They evaluated 17 studies published till May 2016. The primary outcomes assessed included pelvic pain, Interstitial cystitis problem index (ICPI) and interstitial cystitis symptom index (ICSI) evaluation and success rate. The secondary outcomes evaluated in this study included daytime frequency, nocturia and voids per 24 hour, Average voided volume and Complication rate and explantation rate among other factors that were evaluated. Pain assessment using the Visual Analogue Scale was evaluated in 178 patients. It was found that SNM significantly decreased VAS as compared to baseline with a weighted mean difference (WMD) of -3.99 (95% CI -5.22 to -2.76 ; $p < 0.00001$). 3-studies that commented on the ICPI and ICSI reported significant reduction in ICPI scores (WMD -6.34 ; 95% CI -9.57 to -3.10 ; $p = 0.0001$) and ICSI scores (WMD -7.17 ; 95% CI -9.90

to -4.45 ; $p < 0.00001$) following SNM. The success rates were reported in 258 patients and ranged between 60% and 98% and pooled analysis demonstrated that the success rate was 84% (95% CI 76% to 91%). The authors report significant improvements in daytime frequency, urgency, nocturia and voids per 24 hour. The average voided volume increased (WMD 95.16 ml; 95% CI 63.64 to 126.69; $p < 0.0001$).

The complication rates were reported in 345 patients and ranged from 0% to 56%. Pooling the data demonstrated an overall complication rate of 3% (95% CI 0 to 11%). The explantation rate was 8% only.

The literature regarding the use of SNM in BPS is still evolving. The long-term effects have still not been properly evaluated and remain conflicting. There is controversy if unilateral or bilateral placements are better. High-level evidence in the form of randomized controlled trials are very few. Till more data is available, this option should be offered to only select group of patients who have failed conventional treatment methods.



AUTHOR:

Dr. Apul Goel

Professor of Urology,
King George's Medical University,
Lucknow, India.

References:

1. <https://www.neuromodulation.com/about-neuromodulation> accessed on Aug 21, 2020
2. Hanno PM, Erickson D, Moldwin R, et al. Diagnosis and treatment of interstitial cystitis/bladder pain syndrome: AUA Guideline Amendment. J Urol 2015; 193(5): 1545-1553.
3. Wang, J., Chen, Y., Chen, J. et al. Sacral Neuromodulation for Refractory Bladder Pain Syndrome/Interstitial Cystitis: a Global Systematic Review and Meta-analysis. Sci Rep 7, 11031 (2017). <https://doi.org/10.1038/s41598-017-11062-x>





FEPPA

FEMALE PELVIC PAIN ASSOCIATION

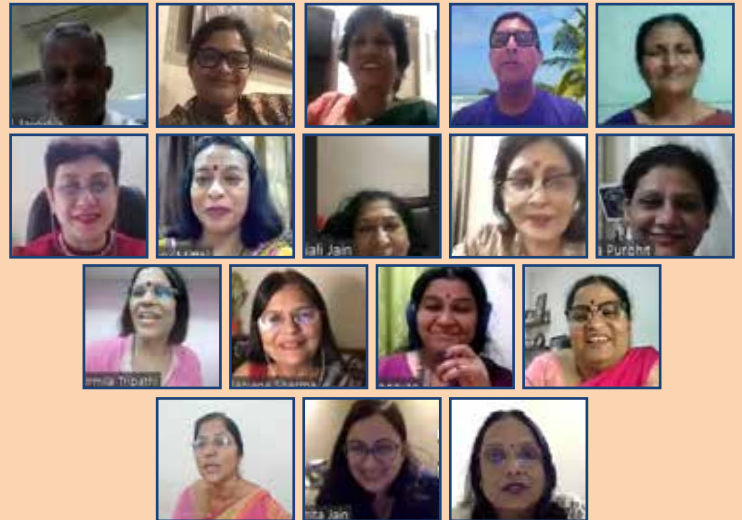
Inaugural (Virtual) Workshop of FEPPA (Female Pelvic Pain Association) In association with GOGS

23rd
October
2020

Theme: Connecting Bladder To Pelvic Health

FEPPA an initiative by Swati Spentose, has been taken in the pursuit of Women Wellbeing and which is also in similar lines with **Global Interstitial Cystitis, Bladder Pain Syndrome Society (GIBS)** to educate and create awareness on problems related to **Female Pelvic Pain** which are still unattended and being neglected .

FEPPA has organised its Inaugural (Virtual) Workshop on the **Theme "Connective Bladder to Pelvic Health"** in association with **Gwalior Obs and Gyn Society**. The workshop has received a numerous appreciation from all over the world.



Participants : 250 plus

GIBS ON THE GO

WEBINAR

GIBS has successfully conducted WEBINARS on IC/BPS with

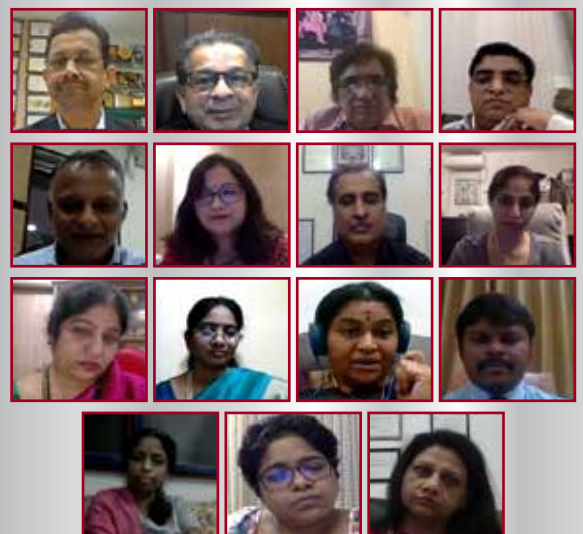
**GIBS live webinar in association with
Madras Medical Mission Hospital
GIBS – MMM**

29th October 2020

Topic:
**A Missed Enigma - BPS/PBS/IC :
An Introductory Webinar on
Bladder Pain Syndrome**

Participants:
Zoom - 260 plus

Facebook live:
332 plus



VOLUME 2, ISSUE 8 (NOVEMBER 2020)



**GLOBAL INTERSTITIAL CYSTITIS,
BLADDER PAIN SOCIETY**

NEWSLETTER