

Sacral neuromodulation for overactive bladder: Is it worth it?

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Davis and colleagues addressed an important issue in the timing of offering sacral neuromodulation (SNM) to patients with overactive bladder (OAB).¹ The current trend in the algorithm of treating OAB is using oral anticholinergic drugs. SNM is initially offered to patients who fail on or are intolerable to anticholinergic drugs.

The current study retrospectively assesses the outcome of SNM in a cohort of patients with OAB who either failed or found the anticholinergic treatment intolerable. The outcome of the study showed there was no difference in the results of the SNM whether it was offered after failure to anticholinergics or intolerance to them. The authors speculated those findings are due to the difference in the mechanisms of action of SNM and anticholinergics on the lower urinary tract.

The timing of this manuscript is good since the use of anticholinergics to treat OAB often delays the offering of SNM early to those patients before the OAB condition becomes irreversible or even difficult to treat with SNM.

The new era of oral beta-adrenergic agonists is promising better control of OAB symptoms with less side effects than anticholinergics. Whether this group of drugs will help SNM remains to be tested on OAB.

Competing interests: None declared.

Reference

1. Davis T, Makovey I, Guralnick ML. Sacral neuromodulation outcomes for the treatment of refractory idiopathic detrusor overactivity stratified by indication: Lack of anticholinergic efficacy versus intolerability. *Can Urol Assoc J* 2013;7(5-6):176-8. <http://dx.doi.org/10.5489/cuaj.11251>

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