Rates of Colostomy Creation Following Sacral Nerve Stimulator (SNS) Implantation for Fecal Incontinence

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Disclosures

None

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Background

- Sacral Nerve Stimulation (SNS) is a safe and effective treatment for fecal incontinence
- Sacral neuromodulation uses an implanted device to send low-level electrical impulses to the sacral nerves which control the pelvic floor and muscles related to bowel and bladder control
- Data on long term outcomes is limited in the literature

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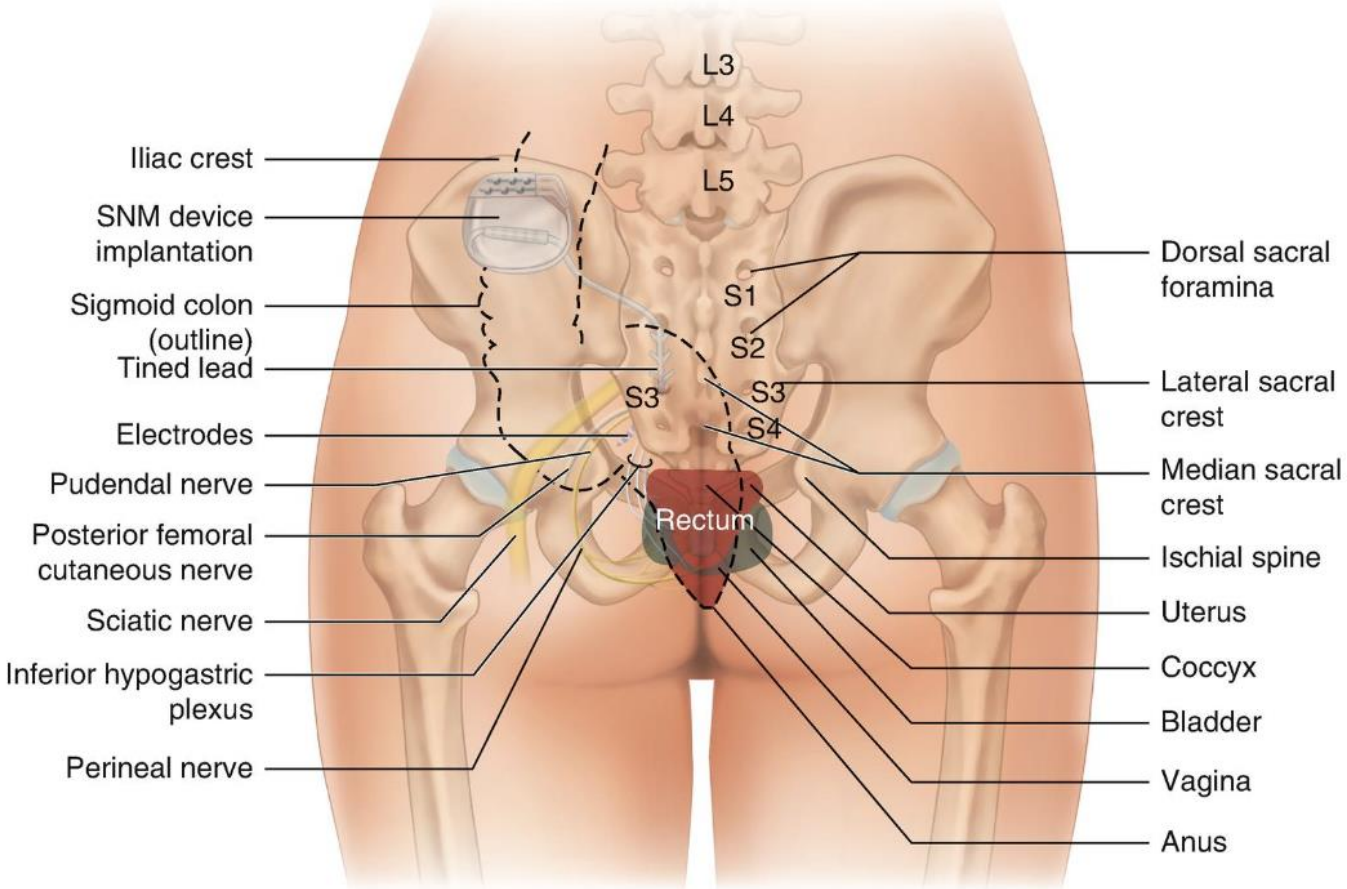

Fig. 61.3 Sacral nerve stimulation. Sacral nerve modulation: the lead is placed through the S3 foramen and the implantable pulse generator is placed below the iliac crest and lateral to the sacrum.

ASCRS Textbook of Colon and Rectal Surgery: 2022; 4.

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Methods

- Retrospective review of treatment outcomes
- Outcomes examined: colostomy creation, pain, infection, wound dehiscence and device explantation
- Population: patients aged 18 and older undergoing SNS placement for fecal incontinence between October 2015-August 2022
- Exclusions: failure of SNS Stage I, failure of device placement

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Results

Total Stage II SNS Implants	74
Colostomies created	4 (5.4%)
Devices explanted (total)	6 (8.1%)
SSI	2 (2.7%)
Pocket dehiscence	1 (1.3%)

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Discussion

- Average age of patients studied: 62.8
- 5.4% of patients who underwent successful two stage sacral nerve stimulator implantation went on to require ostomy creation
- 8% morbidity rate (wound complications, explantation for radiologic study or pain)
- Average time to ostomy creation: 17.5 months (range 6-31 months)

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Conclusions

- SNS implantation is highly effective in the treatment of fecal incontinence with low post-operative morbidity.

- Limitations of this study include small population studied and single institution data. Our findings are thus not generalizable to larger populations.

- Continued efforts to identify factors predictive of device success may improve patient selection for SNS placement.

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