**Title: Sacral nerve stimulation for faecal incontinence May 2005 (printed**

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# Aim

To assess the safety and effectiveness of sacral nerve stimulation for faecal incontinence and under what circumstances public funding should be supported for the procedure.

# Conclusions and results

SafetyThe most common adverse event reported during peripheral nerve evaluation was electrode and/or lead problems, occurring at a rate of 10.43% (95% CI:

7.36%, 14.58%). The most common adverse event reported during chronic therapeutic stimulation was implant/lead/electrode problems that required re- operation. Re-operations involved replacement or repositioning or permanent explantation of the device due to pain, infection or fading out of clinical response and occurred at a rate of 15.50% (95% CI: 11.67%, 20.29%).

EffectivenessNine case series and one double-blind cross-over study indicate a reduction in the number of faecal incontinence episodes experienced and an increase in quality of life following implantation of the device. However, due to the lack of a comparator group, the benefit attributable to sacral nerve stimulation cannot be determined.

Cost-effectivenessThe incremental cost-effectiveness ratio was $3,200 per patient-year of continence and/or improved incontinence.

# Recommendations

Public funding should be supported at this time because the number of patients is relatively small and there is some evidence of effectiveness and cost-effectiveness.

# Method

MSAC conducted a systematic review of medical literature via Medline, Embase, the Cochrane Library, CINAHL, Biological Abstracts and the Australasian Medical Index from 1966 and December 2004.