General Commissioning Policy

Treatment	**Percutaneous Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS)**
For the treatment of	**Adults with refractory faecal/urinary incontinence/retention** *(Where 'incontinence' is the inability to voluntarily control the emptying of the bladder/bowels whereas 'retention' is the inability to completely empty them).*
Background	This commissioning policy is needed to clarify : a) which interventions are commissioned by NHS England and which by NHS Hull CCG, and b) the criteria under which NHS Hull CCG will consider individual funding requests (IFRs) for SNS and PTNS
Commissioning position	The commissioning statements below only apply to patients whose bladder / bowel symptoms have failed to respond to at least 12 months of other treatments and are having a severe and debilitating impact on activities of daily living. **Urinary Incontinence** NHS Hull CCG will consider Individual Funding requests for Percutaneous Tibial Nerve Stimulation for urinary incontinence due to overactive bladder (OAB) syndrome in men and women (see NICE IPG 362) who fulfil the following criteria: 1. Symptoms are refractory to first line treatments including bladder training, pelvic floor muscle training and anticholinergic drugs. 2. Botulinum Toxin A injections have been unsuccessful or deemed inappropriate. NHS England is responsible for commissioning Sacral Nerve Stimulation for refractory urinary incontinence due to bladder detrusor overactivity in both women and men. (see NHS England policy, NICE CG97 and CG 171) **Urinary Retention** Due to insufficient evidence of efficacy, PTNS is not currently commissioned for urinary retention. NHS Hull CCG IFR Panel will consider requests for Sacral Nerve Stimulation from Consultant Urologists for women with non-obstructive urinary retention who fulfil all the following criteria: 1. Symptoms are refractory to – behavioural and lifestyle modification (diet, weight management, modification of fluid intake) – bladder retraining – bladder catheterisation 2. The woman has a confirmed diagnosis defined by urodynamic assessment and has been reviewed by a Urology MDT. Men with non-obstructive urinary retention are usually offered drug therapy, catheterisation or prostate surgery, as appropriate, as outlined in the NICE Clinical Pathway on Lower Urinary Tract symptoms in men. Any requests for SNS to treat confirmed, non-obstructive urinary retention in men must be submitted by a Consultant Urologist to the NHS Hull CCG IFR Panel for consideration.

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policies are agreed by the Planning and Commissioning Committee on behalf of NHS Hull CCG.

Faecal Incontinence

NHS Hull CCG will consider Individual Funding Requests for Percutaneous Tibial Nerve Stimulation for faecal incontinence (see NICE IPG 395) in patients who fulfil the following criteria:

1. Symptoms are refractory to dietary management and antidiarrhoeal medication.
2. Symptoms are refractory to pelvic floor muscle and anal sphincter training (where appropriate)

NHS England is responsible for commissioning Sacral Nerve Stimulation for refractory faecal incontinence (see NICE CG49).

Faecal Retention / Intractable Constipation

Due to insufficient evidence of efficacy, PTNS is not currently commissioned for faecal retention / intractable constipation.

NHS Hull CCG will consider Individual Funding Requests for Sacral Nerve Stimulation for faecal retention / intractable constipation in patients who fulfil the following criteria:

1. Symptoms present for at least 12 months;
2. Refractory to all conventional behavioural treatments including biofeedback;
3. Refractory to all conventional treatments (laxatives, suppositories, enemas).

The following applies to all NHS Hull CCG IFR patients:

Percutaneous Tibial Nerve Stimulation

Where a 12 week course of PTNS treatment is approved by NHS Hull CCG IFR Panel AND this has resulted in a 50% or more improvement in symptoms (measured as a weekly reduction in incontinence episodes), a further IFR must be submitted and approved before further treatment courses of PTNS are given.

Percutaneous Sacral Nerve Stimulation

Before a temporary SNS device is fitted, all prospective patients must be:

- Able to record voiding diary data, so that clinical results of the implantation can be evaluated;
- Fully informed of the risks and benefits of the procedure and therefore able to make an appropriate choice and consent to treatment.

Before a permanent SNS device is fitted, all prospective patients must have been approved for and have undergone a positive trial period (2-3 weeks) of temporary stimulation resulting in a 50% or greater improvement in voiding function based on the results of a voiding diary.

Summary

Indication	PTNS	SNS
Urinary incontinence / overactive bladder	Hull CCG IFR. Not provided locally.	NHS England IFR. Provided locally.
Urinary retention	Not commissioned	Hull CCG IFR. Provided locally.
Faecal incontinence	Hull CCG IFR Provided locally.	NHS England IFR. Provided locally.
Faecal retention / constipation	Not commissioned	Hull CCG IFR. Provided locally.

Effective from	Oct 2014 *(This policy replaces NHS Hull CCG policy on Sacral Nerve Stimulation dated Nov 2013)*
Summary of evidence / rationale	The muscles in the pelvic area, such as the pelvic floor, urethral sphincters, bladder and anal sphincter muscles are controlled by the brain through nerves that run from the sacral area. Sensations, such as fullness in the bladder, are also relayed to the brain via these nerve routes. Percutaneous SNS helps to correct erroneous messages sent along these nerve pathways and involves the placing of electrodes in a sacral nerve and stimulation via an internal device. A temporary procedure is followed by permanent implantation if it produces symptom relief. The battery life for the permanent implant is approximately 7-9 years. PTNS achieves a modulatory effect similar to that of SNS through a less invasive route, buts its exact mechanism of action is unclear. A fine needle is inserted just above the ankle next to the posterior tibial nerve and a surface electrode is placed near the arch of the foot. Stimulation of the nerve produces a motor and sensory response. Initial treatment usually consists of 12 outpatient sessions lasting 30 minutes, usually weekly. NICE IPG 362 concludes "current evidence on PTNS for OAB syndrome shows it is efficacious in reducing symptoms in the short and medium term, with no major safety concerns." NICE IPG 395 states that PTNS for faecal incontinence has no major safety concerns but the evidence only points to short term efficacy in a limited number of patients. NICE CG171 (2013) says there is good evidence to suggest that conservative treatment should include Botulinum Toxin A for refractory detrusor overactivity in women. The large placebo-controlled study (RELAX 2012) found urgency and incontinence improve more than frequency with a magnitude of improvement considerably larger than that after anticholinergic medication. Urinary retention is a condition in which the bladder overfills without causing the sensation of the need to urinate and thus requiring intermittent self-catheterisation. Recent systematic reviews and retrospective analyses have shown SNS to be an effective therapy for treatment of non-obstructive urinary retention with a statistically significant improvement in symptoms.
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NICE Care Pathways

http://pathways.nice.org.uk/pathways/urinary-incontinence-in-women

http://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men

http://pathways.nice.org.uk/pathways/faecal-incontinence

Related Hull CCG Policies:

- Botulinum toxin type A for Overactive Bladder
- Cystoscopy (diagnostic) for Haematuria

References:

1. NICE IPG 362 (Oct 2010) Percutaneous Posterior tibial nerve stimulation (PTNS) for overactive bladder syndrome. www.nice.org.uk/ipg362

2. Tincello D G, Kenyon S, Abrams K R et al. Botulinum Toxin A Versus Placebo for Refractory Detrusor Overactivity in Women: A Randomised Blinded Placebo-Controlled Trial of 240 Women (the RELAX Study). European Urology 62 (2012) 507 – 514 http://www.europeanurology.com/article/S0302-2838(11)01441-2/fulltext
3. NHS England Clinical Commissioning Policy: Sacral nerve stimulation (SNS) for faecal incontinence (Adult) (June 2013) http://www.england.nhs.uk/wp-content/uploads/2013/07/a08-sac-stim-fecal-incon.pdf
4. NICE CG 97 (2010). The management of lower urinary tract symptoms in men**.** http://www.nice.org.uk/nicemedia/live/12984/48554/48554.pdf
5. NICE CG 171 (Sept 2013) Urinary incontinence: the management of urinary incontinence in women. http://guidance.nice.org.uk/CG171
6. Gross C, et al (2010). Sacral neuromodulation for non-obstructive urinary retention: a meta-analysis. Female Pelvic Medicine and Reconstructive Surgery 2010; 16(4): 249-253. http://www.ncbi.nlm.nih.gov/pubmed?term=22453352
7. Kavia RB, et al (2006). Urinary retention in women: its causes and management. BJU Int. 2006 Feb; 97(2):281-7. http://www.ncbi.nlm.nih.gov/pubmed/16430630?dopt=Abstract
8. White WM, et al (2008) Sacral nerve stimulation for treatment of refractory urinary retention: long-term efficacy and durability. Urology. 2008 Jan; 71(1):71-4. http://www.ncbi.nlm.nih.gov/pubmed/18242368
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11. Symons, Barnecott and Harrison (2005) Advances in Clinical Neurosciences and Rehabilitation Vol 5 No.1 p35-37. Sacral Nerve Stimulation for the treatment of lower urinary tract symptoms in adult patients. http://www.acnr.co.uk/pdfs/volume5issue1/v5i1rehab.pdf
12. Gabriele Gaziev et al. (2013) Percutaneous tibial nerve stimulation (PTNS) efficacy in the treatment of lower urinary tract dysfunctions: a systematic review. Gaziev et al. BMC Urology 2013, 13:61 http://www.biomedcentral.com/content/pdf/1471-2490-13-61.pdf