Title:	**Sacral nerve stimulation for faecal incontinence May 2005 (printed December 2005)**
Agency:	**Medical Services Advisory Committee (MSAC)** **Commonwealth Department of Health and Ageing** **GPO Box 9848 Canberra ACT 2601 Australia**
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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

Safety The 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%).

Effectiveness Nine 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-effectiveness The 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.