



Sakral Nöromodülasyon

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GİRİŞ

Sakral nöromodülasyon (SNM), davranışsal ve farmakolojik tedaviye dirençli hastalarda üriner inkontinans, üriner retansiyon, aciliyet, sıklık ve fekal inkontinans tedavisi için güvenli, etkili ve minimal invaziv bir tedavi yöntemidir. Ayrıca Kanada ve Avrupa'da fekal inkontinans ve kronik konstipasyon için kullanımını da mevcuttur (1).

Sakral nöromodülasyon tedavisi, 1982'de Tanagho ve Schmidt tarafından geliştirilerek ve 1997'de FDA onayı almıştır (2, 3). Günümüze kadar dünya çapında sakral nöromodülasyon ile tedavi edilen 300.000'den fazla hasta mevcuttur (4).

Çalışmalarda, nüfusun %16 ila %29'unun, idrar kaçırma, aciliyet veya artmış sıklık semptomları dahil olmak üzere aşırı aktif mesanesi olduğu gösterilmektedir (5, 6). Ayrıca aşırı aktif mesane tanısı alan hastaların tahminen %25 ila %40'ı birinci ve ikinci basamak tedaviden (davranışsal değişiklikler ve farmakoterapi) sonra tatmin edici sonuçlar elde edememiştir (7). Bu refrakter hasta grubu SNM tedavisi için uygun olabilir.

SNM'nin refrakter hasta grubunda etkisini gösteren çalışmalar da mevcuttur. Siegel ve ark. çalışmasında SNM uygulanan hastaların tedavisinin 36'ncı ayında 340 hastada terapötik başarı oranı değerlendirilmiş, aşırı aktif mesane için başarı oranı, SNM implantasyonu uygulanan hastalarda (%95 CI) %83 bulunmuştur. Ek olarak, hastaların %80'inde tüm üriner semptomlarda iyileşme bildirilmiştir (8, 9).

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bulunmamaktadır, interstisyel sistit için sakral nöromodülasyonun kullanımına ilişkin yalnızca C derecesinden kanıtlar mevcuttur (74).

5. Gelecekteki Kullanım

Yapılan bazı çalışmalarda, omurilik yaralanmalı hastalarda sakral nöromodülasyonun erken kullanımında mesane fonksiyonel bozulmasını önlemede faydalı olabileceği gösterilmiştir. Yapılan çalışmalarda bağırsak fonksiyonu, erektil fonksiyon ve normal mesane kapasitesi korunurken detrusör aşırı aktivitesi ve inkontinansın önlendiği görülmüştür (75, 76, 77).

Bu olumlu sonuçlara rağmen, omurilik yaralanmasının seyrini değiştirmek ve mesane fonksiyonunu korumaya yardımcı olmak için sakral nöromodülasyonun erken kullanımı hala araştırma aşamasındadır (78).

Sonuç olarak, sakral nöromodülasyon refrakter aşırı aktif mesane, nonobstrüktif üriner retansiyon ve fekal inkontinans için diğer tedavilere kıyasla makul, güvenli, etkili ve geri dönüşümlü alternatif sunmaktadır.

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