

only in 60–65% of patients.¹ Stimulating the pudendal nerve could activate multiple sacral nerve roots and provide a better efficacy of therapy-though this has been attempted to-date only for urological dysfunction.²

The effect of pudendal nerve stimulation (PNS) in patients with FI was investigated in a prospective observational study.

Methods FI patients who had not responded to conservative treatments and SNS underwent insertion of a permanent PNS stimulation electrode³ followed by a 3-week screening period. A permanent neurostimulator was implanted for a $\geq 50\%$ reduction in number of incontinence episodes per week as measured by a 3 week prospectively kept bowel diary.

Results Seven female patients (mean age: 56 years) underwent temporary screening. Four of the 7 patients (57%), during the 3-week trial phase, showed a $\geq 50\%$ reduction in the weekly incontinence episodes (mean (SD) 14 (10.7) pre to 7 (7.2) post) along with a simultaneous improvement in their ability to defer defecation (minutes (SD) 2 (0.74) pre to 6 (5.8) post). The St Mark's Score improved from (mean;(SD)) 20 (2.3) pre to 12 (1.8) at the 1 month follow-up.

One patient lost efficacy 3 months post permanent implant and voluntarily exited the study. Over a mean follow-up of 8 months (SD 3.6), the improvement in continence was sustained in all the other three patients with no complications reported to date.

Conclusion PNS is a promising new treatment for faecal incontinence in patients who fail to respond to SNS.

Competing interests None.

Keywords fecal incontinence, Pudendal nerve stimulation, sacral nerve stimulation.

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PUDENDAL NERVE STIMULATION FOR FAECAL INCONTINENCE IN PATIENTS WHO HAVE FAILED SACRAL NERVE STIMULATION

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Introduction Sacral nerve stimulation (SNS), though an accepted treatment for faecal incontinence (FI) is effective