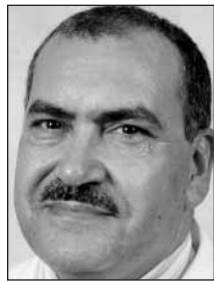


# Implant Relieves Incontinence With Sacral Nerve Stimulation

BY FRAN LOWRY  
Contributing Writer

FORT LAUDERDALE, FLA. — Chronic sacral nerve stimulation with the implantable InterStim system bridges the gap between con-



**'This disorder can make people very upset and anxious. ... But once this changes for them, they are ecstatic.'**

DR. GHONIEM

servative treatment and highly invasive procedures such as urinary diversion, Dr. Gamal M. Ghoniem said at a symposium on pelvic floor disorders sponsored by the Cleveland Clinic Florida.

InterStim uses a small device to deliver mild electrical pulses to the sacral nerves that influence the behavior of the bladder, sphincter, and pelvic floor muscles.

The therapy should be considered before ablative or reconstructive surgery when medical therapy has failed, said Dr. Ghoniem, head of the section of voiding dysfunction, female urology, and reconstruction at the Cleveland Clinic Florida in Weston.

In a multicenter study conducted in Europe and North America, the mean number of urinary incontinence (UI) episodes per day decreased from 10 to 2.6 in 250 patients who were implanted with the InterStim device.

Patients had chronic symptoms of urge incontinence, urgency frequency, and urinary retention.

After successful completion of a nerve stimulation test, the study population was divided into a delayed group and an implant group. The delayed group members served as controls for 3 and 6 months, and then were implanted.

At 6 months after implantation with InterStim, 47% of the urge incontinence patients were dry, and an additional 28% were greatly improved.

These results were maintained at 12 and 18 months. Urgency/frequency patients had a significant 50% reduction in the number of voids per day, and 61% of the urinary retention patients were able to resume urination without catheterization.

Another 16% had a significant reduction in the number of catheterizations per day, Dr. Ghoniem reported.

The controls did not show any significant improvement in their condition during the observation period, he added.

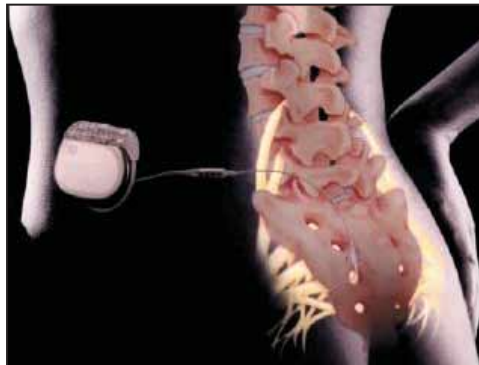
No permanent injuries were reported. Adverse side effects included pain (15% of patients), infection (6.1%), transient electric shock (5.5%), adverse change in bowel function (3%), and suspected lead migration (8.4%). Nevertheless, the patient satisfaction rate was 84%, Dr. Ghoniem said.

Since this study, there have been several improvements in the technique of implantation and in the equipment used.

The previous technique necessitated an incision in the abdomen to place the control unit, whereas now it is placed over the gluteal region. This shortens the duration of the procedure by 30-54 minutes.

The leads are now placed percutaneously, whereas before, they were placed via incisions over the sacrum. As a result, the incidence of adverse events is considerably lower than reported in the earlier review, Dr. Ghoniem said.

Suitable patients benefit greatly from this therapy, said Dr. Ghoniem. "This disorder can make people very upset and anxious. They have had urinary incontinence for years. They've tried different medications, different doctors, and nothing works—they still go to the bathroom all day and all night and they are miserable. But once this changes for them, they are ecstatic." ■



The implantable InterStim system delivers mild electrical pulses to the sacral nerves.

# Self-Collected STD Swabs, Samples Are Hit in Dutch Study

BY PATRICE G. WENDLING  
Chicago Bureau

NICE, FRANCE — Self-collected vaginal swabs and urine samples provide clinicians with an opportunity to identify chlamydia and gonorrhea infections that would otherwise go undetected, Dr. Christian Hoebe said at the 16th European Congress of Clinical Microbiology and Infectious Diseases.

That conclusion emerged from a cross-sectional survey that showed the two tests were feasible and highly accepted among 413 women, aged 16-35 years, attending a public STD clinic. The women reported in a questionnaire that the self-collected vaginal swabs and first-catch urine tests had clear instructions (97% and 93%); were easy to perform (95% and 92%); and were a "pleasant" method (98% and 99%).

More than three-quarters (77%) of the women preferred the self-administered tests over a traditional gynecologic STD exam. The refusal rate was 1.5% for self-collected vaginal swab specimens and 0% for urine samples. Analysis of the samples with an amplified DNA assay (the BD ProbeTec ET System, from BD Diagnostics in Sparks, Md.) detected *Chlamydia trachomatis* in 45 of 413 of patients (11%) and *Neisseria gonorrhoeae* in 6 of 413 (1.5%).

Chlamydia was detected in 8 of 43 patients (19%) with a prior STD and in 39 of 312 of 16- to 25-year-old women (13%).

Overall, 68% of the women had never undergone STD testing before, and 11% of these tested positive (Sex Transm. Dis. 2006 Mar 16;[Epub ahead of print]).

The patients' mean age was 23 years; 56% had engaged in prior risky behaviors; 17% had a risky partner; and 29% were fearful of STDs.

Reasons for taking the tests were: anonymity/privacy (68%), easy access (61%), and not having to undergo an intimate vaginal exam (12%), said Dr. Hoebe of the South Limburg Public Health Service, Heerlen, the Netherlands.

The percent agreement of the tests was 98.8% for chlamydia and 99.3% for gonorrhea, he said. ■

# Weight Management Improves Menstrual Function in PCOS Patients

BY DIANA MAHONEY  
New England Bureau

BOSTON — Weight loss can significantly improve menstrual function in overweight adolescent and young adult females with polycystic ovary syndrome, while at the same time reducing some of the risk factors for long-term morbidity associated with the hormonal reproductive problem, said Dr. Rollyn M. Ornstein at the annual meeting of the Society for Adolescent Medicine.

In a 12-week prospective study of 24 females aged 12-22 years with polycystic ovary syndrome (PCOS) and a body mass index above the 85th percentile for their age, half of the subjects were randomized to the calorie-controlled National Cholesterol Education Program Step II Diet and half to a very-low-carbohydrate, high-protein, high-fat diet.

The latter diet was included to determine whether minimizing insulin response would independently impact the signs and symptoms of PCOS, because insulin resistance is thought to play a key role in the pathogenesis of the disorder, said Dr. Ornstein of Schneider

Children's Hospital in New Hyde Park, N.Y.

All of the women in the study had fewer than six spontaneous menstrual cycles in the year prior to enrollment, and all underwent laboratory evaluation and assessment at baseline and at the end of the study, including a metabolic panel, fasting lipid profile, hormonal studies, a 2-hour oral glucose tolerance test, blood pressure testing, and waist circumference measuring, which is a marker for

**The average overall weight loss in the study group was 6.5%; of 16 completers, 12 menstruated during the study period, 8 with regularity.**

insulin resistance. Study participants attended biweekly nutrition and exercise counseling sessions, during which dietary compliance, menstrual history, blood pressure, and weight were recorded. Additionally, lipid profiles were recorded every 6 weeks.

Of the 24 participants, 16 (7 from the low-fat diet group and 9 from the low-carbohydrate group) completed

the study. The average overall weight loss in this group was 6.5% and the average waist circumference reduction was 5.7 cm. Of the 16 completers, 12 menstruated during the study period, 8 with regularity.

"Weight loss appeared to play a big role in these results, as women who lost weight were 3.4 times more likely to have improved menstrual function, which is statistically significant," said Dr. Ornstein.

There were no significant changes in any hormonal variables from baseline, nor were baseline hormone levels predictive of menses improvement or degree of weight loss by multiple regression analysis, reported Dr. Ornstein.

There were no statistically significant differences in outcome between the two diet treatment groups, "nor did the low-carbohydrate diet harm the lipid profile," she said.

Although limited by the small sample size, the lack of an untreated control group, and the absence of ovulation confirmation, the findings of this study suggest that "weight management might be the preferable first-line treatment for this population compared with the standard use of oral contraceptives and other medications because it addresses menstrual dysfunction and risk factors for type 2 diabetes and cardiovascular disease, both of which have been associated with polycystic ovary syndrome," said Dr. Ornstein.

Successfully implementing a weight management treatment protocol "requires ongoing nutritional counseling and support," Dr. Ornstein noted. "It can be challenging, but it is possible," she said, noting that 8 of the 16 women who completed the initial 12-week study continued to the 6-month follow-up, "losing an average of 10 pounds and, for most of them, continuing their menstrual cycles." ■