EXTRADURAL IMPLANTATION OF SACRAL ANTERIOR ROOTS STIMULATOR (SARS) IN PATIENTS WITH SPINAL CORD INJURY.

Irma Ospina-Galeano*1, Adrian Lopera Toro*2, Reinaldo Gómez-Illanes*3, Ignacio González-Borrero*1, Juan Carlos Castaño- Botero*2.
1.Hospital 12 de Octubre, Madrid, Spain, 2.Hospital Pablo Tobón Uribe, Medellín-Colombia, 3.Hospital del trabajador, Santiago de Chile.

METHODS
Our experience in Latin America turned us into the group with the largest series of extradural technique implants worldwide, which enables a direct view of the nerve roots avoiding the penetration in the intradural space, given the significant complications and technical difficulties it implies. Though most of the groups worldwide use intradural technique, with the extradural implantation we found excellent clinical and urodynamics results which are comparable with intradural technique. Moreover, extradural technique proves to be a safe procedure, given the scarce complications it shows, being most of them easily solved.

CONCLUSIONS
Objectives
To analyze the clinical and urodynamic results as well as to evaluate the complications arisen from extradural implantation of SARS in treatment of patients with spinal cord injury (SCI) associated with

Methods
We made a descriptive study of the results from 104 patients diagnosed SCI with NDO. These patients had been implanted since 2009. Descriptive and clinical variables were taken into account, frequent and descriptive analysis was made using SPSS 15.

Conclusions
Our experience in Latin America turned us into the group with the largest series of extradural technique implants worldwide, which enables a direct view of the nerve roots avoiding the penetration in the intradural space, given the significant complications and technical difficulties it implies. Though most of the groups worldwide use intradural technique, with the extradural implantation we found excellent clinical and urodynamics results which are comparable with intradural technique. Moreover, extradural technique proves to be a safe procedure, given the scarce complications it shows, being most of them easily solved.

Complications
Two cases of infection in the receiver block have been shown four and five months after the implant. These cases have been solved by withdrawal of the device and subsequent provision of antibiotic therapy. Failure of the device was shown in one of the patients six months later, which was repaired without negative effects by substitution of the receiver block. Due to the increased experience, complications have been meaningfully reduced.