

**NHS Trust** 

**Mersey and West Lancashire** 

**Teaching Hospitals** 

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

Please ask a member of staff if you would like a chaperone present during your procedure.

Southport Hospital Town Lane, Kew, Southport, Merseyside, PR8 6PN Telephone: 01704 547 471

Ormskirk Hospital Dicconson Way, Wigan Road, Ormskirk, Lancashire, L39 2AZ Telephone: 01695 577 111

# Percutaneous tibial nerve stimulation for overactive bladder symptoms

## Patient information

# If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

#### 如果您需要本传单的其他语言版本或无障碍格式,请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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# www.MerseyWestLancs.nhs.uk

#### About this leaflet

The information provided in this leaflet should be used as a guide. You should ask your clinician about any concerns that you may have.

You should take your time to read this leaflet. A page is provided at the end of the leaflet for you to write down any questions you may have. It is your right to know about your planned procedure, why it has been recommended, what the alternatives are and what the risks and benefits are. These should be covered in this leaflet. You may also wish to ask about your clinician's personal experience and results of treating your condition.

#### **Benefits and risks**

The success and the risks of most procedures carried out to treat prolapse and incontinence have been poorly studied and so it is often not possible to define them clearly.

In this leaflet risks may be referred to as common, rare etc, or an approximate level of risk may be given.

Further information about risk is explained in the leaflet published by the Royal College of Obstetricians and Gynaecologists "Understanding how risk is discussed in healthcare"

www.rcog.org.uk/for-the-public/browse-our-patient-information/ understanding-how-risk-is-discussed-in-health-care/

## **More information**

If you would like to know more about overactive bladder and the treatments available for it, you may try the following sources of information.

- Ask your GP.
- Ask the doctor or nurse at the hospital.

Look at a website such as:

Patient UK at: http://patient.info/health

www.bladderandbowel.org/bladder/bladder-conditions-andsymptoms/overactive-bladder/

patient.info/womens-health/lower-urinary-tract-symptoms-inwomen-luts/overactive-bladder-syndrome-oab

#### **Special instructions**

Contact information if you are worried about your condition:

Your own GP

#### Other useful telephone numbers/contacts:

- NHS 111
- Stop Smoking Helpline (Sefton)
  0300 100 1000
- Stop Smoking Helpline (West Lancashire)
  0800 328 6297

# Making a decision - things I need to know before I commence treatment.

Please list below any questions you may have, having read this leaflet.

1)	 	 	 	 
2)	 	 	 	 
3)	 	 	 	 

Please describe what your expectations are from treatment.

1)	
2)	
3)	

The following table is taken from that leaflet.

Risk table						
Verbal description <sup>a</sup>	Risk	Risk description <sup>b</sup>				
Very common	l in I to I in I0	A person in family				
Common	I in 10 to I in 100	A person in street				
Uncommon	I in 100 to I in 1000	A person in village				
Rare	I in 1000 to I in 10000	A person in small town				
Very rare	Less than 1 in 10000	A person in large town				
* EU-assigned frequency • Unit in which one adverse event would be expected						

## British Society of Urogynaecology (BSUG) database

In order to better understand the success and risks of treatment for prolapse and incontinence, BSUG has established a national database.

All members of the Society are asked to enter all procedures that they carry out into this database and you may be asked to consent to this for your treatment.

The data collected is being used to develop an overall picture of what procedures are being performed throughout the UK, together with complications and outcomes.

Individual clinicians can also use it to evaluate their own practice.

## What is Percutaneous Tibial Nerve Stimulation (PTNS)?

The sacral plexus of nerves is responsible for regulating both bladder and bowel function; stimulation of these nerves can help to improve bladder and bowel problems.

Nerve stimulation can be achieved by using an implantable stimulator or by PTNS. PTNS is a form of treatment which is called neuromodulation. It is a minimally invasive procedure carried out in an outpatient setting.

## What condition does PTNS treat?

- It is carried out to improve overactive bladder symptoms.
- Overactive Bladder (OAB) is a condition comprising of a set of urinary symptoms: needing to visit the toilet more frequently both during the day and at night (nocturia), accompanied by urgency (a sudden desperate need to pass urine), with or without urgency incontinence (leaking before you can get to the toilet).
- OAB is common, affecting at least 10% of the adult population, men as well as women.
- It is more common in older people, in those who have had pelvic surgery (gynaecological or urological) and in the presence of neurological disease. However, many people have no obvious cause for their overactive bladder symptoms.

#### Surgical

#### Sacral nerve stimulation

Sacral neuromodulation (SNM) is also sometimes called sacral nerve stimulation (SNS). The procedure involves placing a wire in your lower back, near the nerves that control your bladder and bowel. This wire delivers small electrical pulses, generated by an implantable pulse generator (battery), and helps to improve problems with bladder and bowel function.

#### **Intra-vesical Botox injections**

Botox works by blocking nerves which make a muscle tighten. When you have OAB the bladder muscle tightens too much. When Botox is injected in the bladder it stops the bladder muscle tightening as much. The effect is not permanent

#### Major reconstructive surgery

This will need to be discussed with your doctor.

#### Specific risks of procedure

The most common side effects are a little bit of discomfort or bleeding around the site of the needle insertion. In studies there has been one report of generalised swelling, worse incontinence, headache, blood in the urine, inability to tolerate stimulation, leg cramps, foot or toe pain and dizziness or fainting in response to the needle being inserted.

# Treatment with the "urgent PC neuromodulation system" for PTNS should not be used for

- Individuals with pacemakers or implantable defibrillators.
- Individuals prone to excessive bleeding.
- Individuals with nerve damage that could impact either percutaneous tibial nerve or pelvic floor function.
- Women who are pregnant or planning to become pregnant during the duration of the treatment.

#### **Treatment alternatives**

#### **Non-surgical**

Simple behavioural changes such as drinking a total of about 1.5 litres of fluid, reducing the amount of caffeine, alcohol and carbonated drinks consumed can often make a considerable difference in symptoms. Other behavioural treatments include bladder training, where the time between visits to the toilet is slowly increased, and pelvic floor exercises

#### **Medications**

These may be very effective. However, some patients do not respond to these medications or may suffer from intolerable side effects.

#### How is PTNS done?

You will be asked to sit in a chair or a couch with your treatment leg elevated.

Your clinician will:

- Clean your ankle and the arch of your foot on the treatment leg.
- Insert a thin needle electrode above your ankle.
- Attach a sticky pad to the arch of your foot.
- Connect the components to the stimulator.
- You will remain comfortably seated for the 30 minute treatment.

#### To determine the optimal treatment settings

Your clinician will turn on the stimulator and adjust the setting.

- You will feel a sensation in the ankle or foot.
- Your toes may also spread out and curl.
- Let your clinician know if the sensation is too strong or if your sitting position is too uncomfortable.

#### **Receiving treatment**

The stimulator will deliver 30 minutes of therapy. You can read, or do crossword puzzles or other similar activity during your treatment.

It is difficult to say as people respond in different ways, but most patients feel a buzzing, tingling or throbbing sensation while the stimulation is occurring.

Once the correct feeling is located, the current can be turned down so that it is comfortable – it is not necessary to feel this throbbing sensation the whole 30 minutes.

#### **After treatment**

The stimulator will beep upon the completion of the treatment session. Your clinician will turn off the stimulator and remove the needle electrode. You should be able to resume normal activities immediately following treatment.

#### **Treatment schedule**

You will have an initial series of 12 weekly sessions, lasting for approximately 30 minutes each. As this is a relatively new treatment, it is important to collect as much information about your problem both before and after the treatment.

You may be asked to fill in assessments about your symptoms and the effect they have on your quality of life. You should report any side-effects you experience.

This is important as this is a new treatment. You may need to return periodically for further treatments.

It is very important to the success of the treatment that there are no long breaks during the initial 12 weeks of the treatment. If you have a holiday planned, it is best to delay the start of the treatment until after the holiday. It is also possible to have the treatment twice a week, so only having to attend for 6 weeks.

Please discuss any issues with appointments with your clinician.

#### **Benefits**

Studies looking at the effect of PTNS show that up to 55% of patients find that their symptoms are cured and up to 90% are improved after a full course of treatment. However it may take up to 6 weeks before seeing any change. The effects wear off with time, whereas in patients who have top-up treatments beneficial effects are usually maintained.