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,
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# Sacral Neuromodulation

## Patient information leaflet

**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 دسترس‌پذیر 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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## About this leaflet

This leaflet contains evidence-based information about your proposed urological procedure.

We have consulted specialist surgeons during its preparation, so that it represents best practice in UK Urology.

You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Sacral neuromodulation.pdf

## Notes

## Notes

## Key points

Sacral nerve stimulation (SNM) is used for patients with an overactive bladder and for some types of urinary retention in women.

Around 70% of patients are significantly improved after SNM.

SNM involves two separate operations, a few weeks apart.

A temporary stimulator is put in first, followed by a “trial phase” (typically 2-4 weeks), and then a second procedure to either implant the permanent stimulator or remove the temporary one, depending on the success of the trial.

The most important complication is wound infection; you should contact your medical team immediately if this occurs.

Surgical diathermy (electric current used to cut or stop bleeding) may damage an SNM device; the device should be switched off if surgery is required for whatever reason.

You should not go in an MRI scanner (other than for a head scan) after SNM, although some newer devices are MRI compatible (please check with your surgeon).

You may find that the effect of the stimulator wears off gradually over time as your body gets used to it; re-programming the stimulator may overcome this.

Some patients need a further procedure to change a component of the device if it stops working.

Some patients will need further surgery to change the stimulator when the battery runs down (typically after 3-7 years), but some newer devices have a rechargeable battery.

## What does this procedure involve?

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 and helps to improve problems with bladder and bowel function.

It is used to treat the following conditions:

- Overactive bladder – urgency (the sudden need to pass urine which you cannot put off) with or without urine leakage, frequency (passing urine more often than normal) and nocturia (getting up from sleep to pass Urine twice or more at night).
- Non-obstructive urinary retention (inability to empty the bladder) in females.
- Faecal (bowel) incontinence – and some other bowel Problems.

For bladder problems, the success rate of SNM is around 70%, meaning that patients report a significant improvement (not cure) in their symptoms.

Not all patients, however, are suitable for SNM treatment.



**Special instructions**

Any condition specific danger signals to look out for:

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

**For appointments**

Telephone (01695) 656 680

If you get any redness, discharge or significant pain/throbbing in the wound, you should contact the hospital as soon as possible.

You may need to “fine-tune” your stimulator using the hand-held remote control or designated smartphone if you do have problems with the stimulator, please contact your named specialist nurse or surgeon

A follow-up appointment will be made for you to review your response to the surgery.

## Are there any long-term issues with sacral nerve stimulation?

Yes, a few. The important ones are:

- Battery failure (in non-rechargeable devices) - the battery in your stimulator will run down eventually, usually after 3-7 years. Battery life depends on the settings you have been using. Changing the battery is relatively simple, and involves a procedure very like the second stage of the original implantation.

- Electronic devices - security screening and airport scanning devices can affect your stimulator.

Show the security staff your SNS identification card and they may allow you to by-pass the scanner. If not, make sure you turn your stimulator off before you pass through the scanner.



## What are the alternatives?

SNM is used to treat two different conditions:

**Overactive bladder (OAB) -** OAB can be treated without surgery. We recommend that all patients try conservative treatments before having an operation, because it avoids the risks of side-effects or complications of surgery.

Treatment options include:

- Incontinence pads - if your symptoms are not a bother you may choose to do nothing and use pads for urine leakage. Conservative measures, including weight loss, improving fluid intake and reducing caffeine & alcohol intake

- Bladder training - learning techniques to hold on and over-ride your urge to pass urine

- Medicines - these may help if conservative treatment does not work

Sacral nerve stimulation is only tried if these treatments are not effective.

Other procedures that can be used include:

- Botulinum toxin A injections - into the wall of your bladder using a telescope

- Enterocystoplasty – a major operation that enlarges your bladder using a piece of bowel

- Posterior tibial nerve stimulation, PTNS - electrical stimulation of a nerve near the ankle) Non-obstructive urinary retention

**Non-obstructive urinary retention -** If you cannot empty your bladder, SNM sometimes helps but it is not suitable for everyone with this problem.

Alternative treatments include:

- Intermittent self-catheterisation in women-passing a disposable catheter tube into the bladder through the water pipe to drain the urine.
- Permanent insertion of a catheter.
- Mitrofanoff procedure - a major operation to allow you to pass a catheter into your bladder through your abdomen (tummy) instead of through your urethra (waterpipe).

## What happens on the day of the procedure?

You will be seen by the surgeon and the anaesthetist who will go through the plans for your operation with you. We may provide you with a pair of TED stockings to wear, and we may give you an injection to thin your blood.

These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.



**Please note:** Other unwanted side-effects may include, unexpected triggering of shop security alarms or airport security scanners. This is not harmful, but you should Inform security staff if your device has triggered alarms in the past.

## What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6% this includes getting MRSA or a Clostridium difficile bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital.

You have a higher risk if you have had:

- Long-term drainage tubes (e.g. catheters).
- Bladder removal.
- Long hospital stays.
- Multiple hospital admissions.

## What can I expect when I get home?

- You will get some mild discomfort which may last several days and can normally be relieved with mild painkillers.
- You will be given a copy of your discharge summary and a copy will also be sent to your GP.
- You must keep the dressings clean and dry.
- You must not shower or bathe during the test phase.
- You must avoid strenuous activities, sports and any stretching of the lower back for 6-12 weeks; these can cause the wire to move out of position so that the SNM stops working.

## Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually.

The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

| After-effect | Risk |
|---|---|
| Failure of treatment to improve symptoms significantly | 3 in 10 patients 30% |
| Mild discomfort requiring simple pain killers | Between 1 in 2 and1 in 10 patients (1—50%) |
| Need for replacement relocation or removal of the simulator or wire | Around 1 in 4 patients (25%) |
| Discomfort in your buttock or lower back | Around 1 in 7 patients (15%) |
| Discomfort in ankle or foot | Around 1 in 10 patients (10%) |
| Infection in your wound requiring antibiotics and possible removal of device | Between 1 in 25 patients (4%) |
| Simulation produces an adverse after-effect on bowel function | Between 1 in10 and 1 in 50 patient's (2-10%) |



Details of the procedure The treatment involves two separate operations, several weeks apart. After the first part, there is a test phase, which allows the medical team to see if the SNS is working.

### During the first operation

- We make a tiny incision (cut) in your lower back and a second 3 - 4 cm incision in your upper buttock.
- We place an electrode (wire) near the nerves using X-rays to make sure it is in the correct place; the wire passes out through the skin at the side of your buttock.
- We connect this wire to a stimulator box outside your body.
- The stimulator box sends electrical signals to the nerves and needs to be worn all the time.
- Typically, you can go home on the same day but an overnight stay is sometimes needed.

**During the test phase**

- You must keep your dressings clean and dry. This means that you cannot shower or bathe during the test phase. You can keep yourself clean by using a sponge or flannel, providing the dressings remain dry. Please do not remove or change the dressings.

- Once you get home, your urology team will monitor you closely. This is so they can check that the treatment is working well, and make any adjustments needed to the stimulator when needed.

- This phase usually lasts between two and four weeks. It is very important that you complete any bladder diaries given to you during this time, to see if the treatment is helping your symptoms.

**During the second operation**

If the SNM treatment does not work during the test phase, we will remove the temporary wire during the second procedure. Otherwise, you will have a permanent stimulator put in.

- We re-open the incision in your buttock and place the permanent stimulator under the skin.

- Depending on the type of wire put in during the first operation, we either replace it with a new (permanent) wire, or use the same wire.

- You may be able to go home on the same day, but an overnight stay is sometimes needed.

- You may need to take antibiotics to reduce the risk of Infection.



We switch your stimulator on after the procedure although, sometimes, we leave this for a few days.

When it is switched on, you may feel a tapping sensation inside you. We will programme the stimulator so that you get maximum benefit without discomfort.

We will show you how to adjust the stimulator strength yourself, using a remote control-type device or smartphone.

Some permanent SNM devices are MRI-compatible, and some have a re-chargeable battery; your surgeon will discuss this with you.