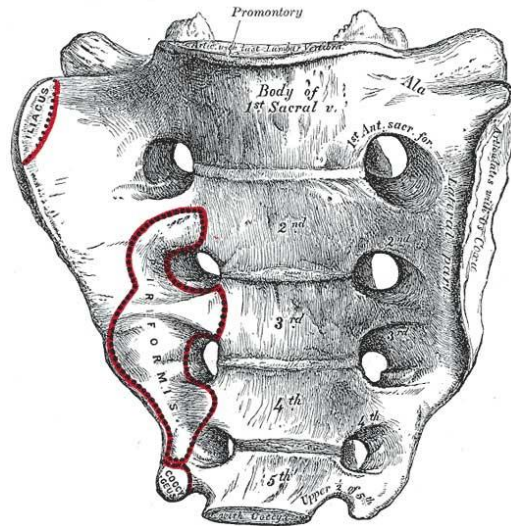


Sacral Neuromodulation

The brain controls bodily function through the nervous system. The nervous system is like a road network with both major and more minor roads. One part of this system runs from the brain down the spinal column to the lower back. This is called the sacral area and from here nerves supply the pelvic area.

What is sacral neuromodulation?

In the pelvis are muscles and valves (sphincters) that impart control on the bladder and bowel functions. These not only receive instructions from the brain but report back to it, for example when the bowel or bladder is full. If this communication system fails then faecal or bladder incontinence may ensue. Sacral neuromodulation (SNS) is a procedure which can help improve such situation.



When might SNS be considered appropriate?

Various disorders can affect the pelvic floor:

- Urinary incontinence (eg an overactive bladder)
- Leaking resulting from a weakness in the anal sphincter.
- Urgency-frequency (needing to go to the toilet both urgently and frequently)
- Retention problems not caused by an obstruction
- Interstitial cystitis
- Bowel incontinence and chronic constipation
- A combination of such symptoms.

First line treatment nearly always involves non-surgical methods. Simple dietary and lifestyle advice may be all that is required. Physiotherapists can dramatically improve symptoms with pelvic floor muscle training and toileting advice. However if the problem persists despite such treatment then SNS may be considered appropriate. Your consultant will advise.

How does it work?

The technique simply involves a wire inserted in to the very lower back attached to an implanted device about the size of a watch. Once in place it stimulates, with varying degrees of intensity, the appropriate nerves in the pelvic area thus helping to restore coordination between the brain and this area of the body.

Will it work for you?

A number of factors come into play when deciding when sacral neuromodulation is appropriate for a patient and there are three distinct phases:

1. You will spend a few weeks recording your toilet habits in a diary which will be used later to assess the effectiveness of the treatment.
2. The testing phase. A device known as a lead will be implanted into the sacral region and an external generator will be attached to it. With the device turned on you will go home and carry on with your life as normal whilst recording your toilet habits in a new diary.
3. The testing phase will be analysed and if appropriate the neurostimulator device will be implanted during an operation which normally takes about two hours. At any time in the future the device can be removed by a surgeon.

How effective is it expected to be?

In a study carried out by the National Institute for Clinical Excellence (NICE) involving a series of tests complete continence was achieved for between 41 and 75% of those tested and 75-100% experienced a decrease of 50% or more in the number of incontinence episodes. Patients also reported a general improvement in their quality-of-life scores.

Can I use my mobile phone?

Using a mobile phone is not affected in any way.

Can I shower and bath?

Having a bath must be avoided. After 48 hours you may shower if the dressing and electrode you have allow for this (you will be advised in this regard). In all cases you may clean yourself with a wet glove in such a way that the implant is not moved or made wet.

Are sporting activities affected?

You will need to restrict your physical activities especially during the phase when you have the temporary lead fitted. The reason for this is that the electrode must not be allowed to move from its original position.

Can I have sexual intercourse?

Avoid intercourse during the period when you have the temporary lead fitted. When the permanent implant is in place you may have intercourse but avoid abrupt movements and keep your movements smooth and gentle.