
Sacral nerve stimulation (neuromodulation)

Stimulation of the nerves in the
sacrum to alter bladder function.

This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

What are the alternatives to this procedure?

Bladder retraining, physiotherapy, drug treatment, Botox injections into the bladder, bladder enlargement or replacement using bowel, urinary diversion into a stoma.

Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
 - ~ Asasantin
 - ~ Aspirin
 - ~ Fish oil
 - ~ Iscover
 - ~ Persantin
 - ~ Plavix
 - ~ Pradaxa
 - ~ Warfarin
 - ~ Xaralto
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admissions clinic 5-10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, Iscover, Asasantin, Pradaxa, Xaralto or Pesantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regards to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

After admission, you will be seen by members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern and your named nurse.

The specialist registrar may perform your procedure in conjunction with Dr Campbell and with your permission.

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Where do I go for my procedure?

The admission section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation.

If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

During the procedure

Currently, the procedure involves two different admissions. During the first admission, a temporary test electrode or the permanent tined lead is placed into one of the sacral nerves in your lower back. The test electrode is connected to a device which generates electrical impulses for three to five days but sometimes up to two to four weeks. During this time, you will be at home and you will be asked to complete an input/output chart.

If a temporary electrode is placed, the electrode will then be removed in the clinic and the results discussed with you with a plan to place the permanent electrode and stimulator at a later date during a second admission if the test is positive.

If the permanent electrode is placed at the first sitting, this will be connected to the stimulator during your second admission under a general anaesthetic, if you have a positive result to the test. If you have a negative test result, you will need a short general anaesthetic to remove the permanent electrode if this was placed at the first admission.

Immediately after the procedure

On the day of your surgery, your implant will be switched on and programmed so that you obtain maximum benefit with regard to your symptoms whilst ensuring maximum comfort for you. When the implant is switched on, you will feel a tapping sensation in the genital or rectal area. We will teach you how to use the programmer.

The average hospital stay is less than 1 day.

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction.

Common (greater than 1 in 10)

- Replacement, relocation or removal of the implanted pulse generator
- Replacement, relocation or removal of the lead
- Pain
- Inability to pass urine requiring a bladder catheter

Occasional (between 1 in 10 & 1 in 50)

- Wound infection
- Urinary infection
- Implanted pulse generator malfunction

Rare (less than 1 in 50)

- Adverse effect on bowel function

Hospital-acquired infection

- Colonisation with MRSA (0.02%; 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions).

What should I expect when I get home?

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

If you have any problems using your programmer, please contact your named specialist nurse.

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What else should I look out for?

If you experience any flu-like symptoms, redness/throbbing in the wound, pain/burning when passing urine or difficulty passing a catheter, please contact your GP.

You may require repeated contact with your named specialist nurse or repeated visits to hospital to "fine tune" your programmer. Over time the body can become conditioned (used) to the programmer settings and you may need advice on reprogramming.

For after-hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, the Greenslopes Private Hospital Emergency Centre (07) 3394 7111 and St Andrew's Emergency Centre (07) 3834 4455 are other resources that are also available.

Are there any other specific points?

The urology specialist nurses will keep in contact with you after your discharge from hospital and you will have an outpatient review appointment within 2 months of your discharge.

Who can I contact for more help or information?

Dr Peter Campbell

Suite 1, 530 Boundary St (cnr North St)
Spring Hill, QLD 4000
(07) 3367 1608
www.campbellurology.com.au

The Wesley Hospital, Urology Ward

451 Coronation Dr,
Auchenflower, QLD 4066
(07) 3232 7168

The Wesley Emergency Centre

451 Coronation Dr,
Auchenflower, QLD 4066
(07) 3232 7333
www.wesley.com.au

Greenslopes Private Hospital, Continence Advisor

Newdegate St,
Greenslopes, QLD 4120
(07) 3394 7978
www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward

Newdegate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre

Newdegate St,
Greenslopes, QLD 4120
(07) 3394 6777
www.greenslopesprivate.com.au

St Andrew's War Memorial Hospital

Emergency Department

457 Wickham Tce
Brisbane, QLD 4000
(07) 3834 4455
www.standrews.com.au

American Urological Association Foundation

1000 Corporate Blvd, Suite 410,
Linthicum, MD 21090
1800 828 7866
www.urologyhealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the procedure, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

I have read this information sheet and I accept the information it provides.

Signature

Date
