

What is Sacral neuromodulation (SNM)?

Sacral neuromodulation (SNM) is a minor, same-day procedure that is used to treat patients with overactive bladder - the need to urinate urgently and frequently, sometimes with accidental leakage of urine.

How Does SNM Work?

SNM works to normalize the bladder by stimulating the nerve going to the bladder. This nerve is located in the sacrum, which is near the tailbone. A small stimulator device is placed under the skin and is connected to a lead (or wire) that goes near the nerve. The device sends small electrical impulses to the nerve, which in turn helps to improve urinary symptoms and increase bladder control.

Who is it for?

SNM is an option for men and women who have already tried and failed conservative treatments (such as behavioral modification or pelvic floor physical therapy), and/or medications. It can also be used to treat other conditions such as non-obstructive urinary retention (the inability to urinate or to empty the bladder completely without a physical blockage), and fecal incontinence (the accidental leakage of stool).

How is SNM procedure performed?

SNM is performed in two procedures or stages. The first stage is a "trial or evaluation" stage to see if the therapy is successful in you before placing the actual device. The second procedure is the placement of the actual device.

The trial can be done either in the office with a temporary lead or in the operating room with a permanent lead. When the trial is done in the office, the lead is removed after the trial and the permanent lead and stimulator are then inserted at the same time in the operating room.

In the first stage, you are positioned on your stomach. The part of the therapy called the "lead" (tiny wire) is placed through a tiny needle-puncture in the skin to stimulate the sacral nerve. The lead is then connected to an *external* (outside of your body) temporary stimulator that is taped or strapped to your body with a belt during the duration of the trial. The trial typically lasts one to two weeks. During the trial, you will be asked to record your urinary symptoms in a bladder diary to see if there is improvement. A successful response is considered at least 50% improvement in your urinary symptoms. If the trial is not successful, the lead inside your body will be removed. If there is success, you will move on to the second stage.

In the second stage, the external temporary stimulator is disconnected and thrown out. The internal (inside your body) lead that was placed in first stage will be connected to the permanent stimulator device. This permanent device is placed under the skin in the lower back, through a small cut. After the second stage, nothing will be sticking outside of your body.

Both stages are usually quick procedures that are typically done under sedation or anesthesia as a same-day surgery without the need for an overnight stay in the hospital.

What can I expect after surgery?

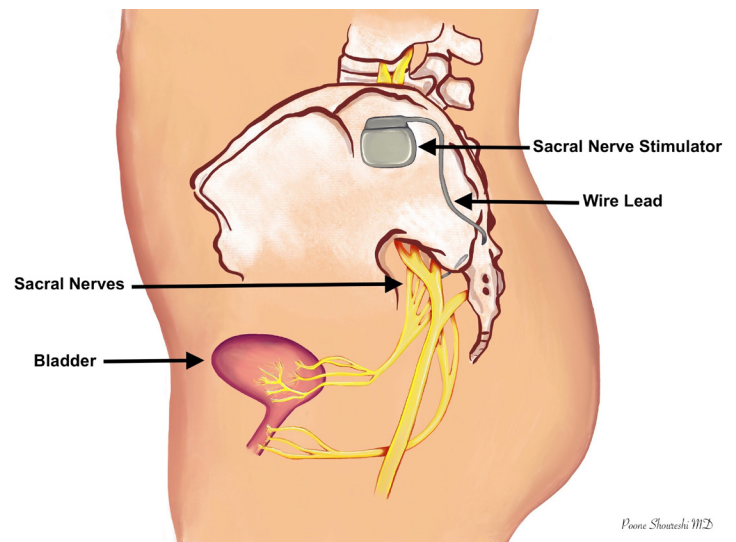
You will have a small ~ 2-inch incision over your buttock, as well as a tiny ~ 1/2-inch incision near the tailbone. Most patients are able to return to a normal routine within days of surgery with only minor activity restrictions. These restrictions may include: no tub baths or swimming for six weeks; no heavy lifting more than 10 pounds for four weeks; and no driving while on narcotic pain medications.

During the first trial stage, when the temporary external stimulator is secured to your body, it is important to keep the equipment dry. Most patients perform sponge baths during this time. Your surgeon may also place you on antibiotics after each procedure.

After the second stage, your incisions will be closed with dissolving stitches and covered with medical-grade superglue, both of which will dissolve on their own over time.

Complications from SNM are typically very low. Some specific risks include temporary pain at the low back/buttock site, bleeding, as well as infection and movement of the lead or other device problems all of which might require repeat surgery to correct. Also, MRI of the abdomen or pelvis is not recommended with certain devices – you should check with your doctor before having one. Battery life on the device is variable and you will likely need to have the battery changed in the future. The device can typically be removed without harm to your body.

What else do I need to know?



Programs are settings on the implanted device that help achieve effective bladder control. You will be shown how to use your programmer, though you may not need to use it much if you have effective symptom control. The programmer can be used to select a different program to fine-tune results. Programs can also be readjusted in the doctor's office if necessary.

You will be issued an identification card indicating that you have an implanted device which should allow you to bypass metal detectors in airports and other venues. If you need to pass through the metal detector, we recommend turning the device off before passing.