

Sacral Nerve Stimulation

Oxford Pelvic Floor Centre: www.oxfordpelvicfloor.co.uk

What is sacral nerve stimulation?

This is a procedure in which stimulation of the nerves from the sacrum (lower part of the backbone) is undertaken to help alleviate symptoms.

When is sacral nerve stimulation performed?

The most common reason for performing sacral nerve stimulation is to try and improve symptoms of incontinence. It is becoming more widely used for some other symptoms.

What other tests are necessary before the operation?

We will need to see you in clinic to assess your symptoms and to perform an examination. Most patients having this operation will need an endoscopic (telescope) test on the bowel. We will also perform studies on the anal sphincter to look at its structure and function (anorectal physiology and ultrasound) and transit studies and a proctogram. These tests will look for damage to the sphincter muscle whilst ruling out other causes for your symptoms such as prolapse or inflammation. If these other causes were found, then we might recommend treatment of these before considering sacral nerve stimulation.

It is not clear how sacral nerve stimulation works exactly. In part this may explain why some patients, despite appearing suitable on the basis of these investigations, do not benefit from the procedure. A “test” or “temporary” wire is therefore inserted in patients before the permanent implant is undertaken.

What does the temporary wire involve?

Patients who are considered likely to benefit from sacral nerve stimulation are

first given a **temporary or test wire**. This is inserted with you awake after numbing the skin over the lower spine just above the buttocks. It usually takes about 30 minutes to insert these temporary wires. The other end of the wire is attached to a little stimulator (battery box) like an iPod, worn on the belt. You will be able to return to work later the same day if you wish.

The wire and stimulator connectors are all covered up with dressings. You should not bath or shower during the temporary test period as it is important that the dressings, the wire and stimulator stay dry and do not get dislodged. You will be shown how to disconnect the wire from the stimulator and we would recommend that you do this when driving.

This test period usually lasts two to three weeks and then the temporary wire is removed. Removal of the wire is straightforward and does not even require a local anaesthetic.

You will be given a diary to fill in so that your surgeon can assess how beneficial the temporary stimulator has been. About three quarters of patients improve with the temporary wire and are then offered a **permanent implant**

What does the permanent implant involve?

The permanent stimulator has to be inserted under a general anaesthetic. A wire is inserted as for the temporary stimulator but this time, the other end of the wire is tunnelled under the skin and attached to a small stimulator (see figure 1) buried in the fat of the buttock. The stimulator is the size of a small matchbox. At the end of this procedure, there are no visible wires or stimulators visible from the outside. You will usually be allowed home on the same day, from hospital.

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What happens after insertion of the permanent implant?

You will be given full instructions before you are discharged home and contact details if you have any questions. You will be supplied with a wireless handset that communicates with the implanted stimulator, enabling you to turn it on and off and change the settings.

When the wounds have healed, you can shower and bath as usual. You can drive with the permanent implant as usual.

We will keep you under regular review to ensure that you are continuing to benefit from the stimulator.

What happens if I get back or leg pain?

If you get back pain, you should try turning off the stimulator for a couple of days. If the pain persists, then it is not due to the stimulator and you should consult your GP. If the pain stops, then you need to get in contact with us and we will make adjustments to the stimulator.

If you have problems with pains in your legs, then again, you might try and see if switching off the stimulator stops the problem. Leg pains are, however, more likely related to the stimulator and we can make adjustments that should be able to overcome this.



Figure 1: The permanent stimulator that is implanted under the fat in the buttock. The temporary stimulator is larger and worn on your belt during the test period.

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