

Sacral Nerve Stimulation (SNS)

Introduction

This leaflet will give you information about what Sacral Nerve Stimulation (SNS) is, how the treatment is given and what to expect after the treatment. A member of staff will speak to you about everything in this leaflet, but if you have any questions, please ask us.

What is sacral nerve stimulation?

Sacral nerve stimulation is a two-stage treatment.

The first stage is a trial period when you have a needle-thin electrode inserted during an operation. The electrode will be connected to a temporary device outside your body and tried for two to three weeks.

If the first stage is successful a permanent SNS will be inserted. This is a small device (which is a stimulator and battery) that is inserted into the buttock with an electrode inserted into one of the openings in the sacrum (a triangular bone in the lower back). The electrode will be tunnelled through tissues under the skin to be connected to a stimulator which will be implanted in your buttock. The stimulator is similar to a pacemaker.

The stimulator will deliver a low level electric current. There is a hand-held controller that is an external part of the SNS. You will be taught how to use the hand-held controller, to change the electric current if necessary, to make the electric current stronger or weaker.

What conditions might SNS work for?

Sacral nerve stimulation was initially developed as a treatment for urinary incontinence and it has been adopted as a therapy for bowel incontinence after some of the patients with both conditions benefitted from it.

What is the success rate of SNS?

The success rate of the first stage is between 60 and 80%.

If you have adequate success during the trial period, you will be considered for the second stage which is where a device is inserted and will stay inside you. The success rate is between 60 and 70% in the short-term. Some people lose benefit over time for various reasons and around 50% of patients continue with the therapy five years later.

Will my symptoms completely disappear?

Unfortunately they may not. The traditional definition of success has been 50% or more improvement of incontinence episodes. This means when the number of your incontinence episodes halves, it is considered a success. Therefore it is likely that although your SNS is considered a success, you may continue to have some incontinence symptoms.

Some patients have the benefit of an earlier warning to go to the toilet in a timely fashion.

How do I know if sacral nerve stimulation will work for me?

To date, there has been no test that can predict whether you will benefit or not from this treatment. The only way to find out is to go through a temporary SNS operation.

You will be asked to fill in a bowel diary and a number of questionnaires so that we can assess your current symptoms. Your symptoms will be reviewed after the trial period using scores, bowel diaries and your experience with the treatment. Your results will help us decide whether to proceed to the second stage.

What can go wrong with sacral nerve stimulation?

As with all surgery, there are general risks such as bleeding, infection or thromboembolism (blood clot).

Some patients have discomfort due to the physical presence of the device in the body or due to electric current stimulating other nerves. If discomfort occurs, this may be resolved by changing your stimulation settings. If the implanted device is causing pain this may be resolved by an operation on the device.

You may find that over time, the device does not work as well as it used to. If this occurs please let us know, using the contact details at the end of the leaflet. This may mean that we need to go through trials of changing the settings of the electric current. Alternatively it may be necessary to operate on you to change part of the stimulation equipment, such as the lead.

The battery in the stimulator is currently not rechargeable. This means you will need another operation about five to seven years after the SNS was inserted to replace the battery.

There is a 5% chance of getting the device removed for good and a 15% chance of having another operation because of a complication.

Can my life carry on as normal with SNS therapy?

In principle, there are no major restrictions to your daily activities with SNS therapy.

Driving

Driving is possible if there is no discomfort whilst you bend your knees and hips with the nerve stimulation on. Check that you can perform an emergency stop safely. You should check with your car insurance company if you are concerned.

Pregnancy

The safety of this treatment during pregnancy has not been established. In general, we advise you to turn off the therapy as soon as you find out that you are pregnant.

Airport security and shop-lifting alarms

Having the permanent implant means that you will not be able to pass through airport security scanners without setting them off. In some shops, you may accidentally set off a shop-lifting alarm or experience uncomfortable jolting or shocking sensations due to a momentary increase in their stimulation when passing through the theft detector. You will be given a card to state that you have an implant in your body, without specifying what the implant is for. You will need to show the card at airport security and shops if necessary. We advise you to carry your hand-held controller so that you have an option of turning the device down or off.

MRI

You will not be able to have an MRI scan on any part of your body except for your head. This is because the magnetic field used for the scan can possibly result in burning injury inside your body at the implant site.

Other issues

Sexual activities, walking, jogging and swimming will not be restricted by this treatment.

Quick movements, particularly bending or twisting, could change the lead position and you may experience a sudden jolting sensation. Some sudden, repetitive movements of bending, twisting and stretching could damage your implant or move your implanted lead. Examples of such activities include gymnastics, mountain biking, golf and any other sport or activity that involves the movements described above.

You should not dive below 10 metres (33 feet) of water or enter hyperbaric chambers above 202.65 kilopascals (kPa) (2.0 ATA). These pressures may damage your implanted device.

As the device contains a battery, it must be removed before cremation.

Who can I contact if I have any questions or concerns?

Please contact our Neuromodulation Team on 020 8235 4165 or the consultant's secretary on 020 8235 4020. Please leave your name, hospital number and your contact number. Please ensure that your phone, particularly the landline, is able to take calls from an anonymous number as the hospital telephone system only operates as an anonymous number.

St Mark's Hospital, Watford Road, Harrow, Middlesex HA1 3UJ

General Trust Information

Patient Advice and Liaison Service (PALS)

PALS is a confidential service for people who would like information, help or advice about the services provided by any of our hospitals. Please note that this service does not provide clinical advice so please contact the relevant department directly to discuss any concerns or queries about your upcoming test, examination or operation.

If you would like this information in an easy to read format, large print, braille, different format or language, please contact the PALS team on 020 8869 5118 or email lnwh-tr.PALS@nhs.net. We will do our best to meet your needs.