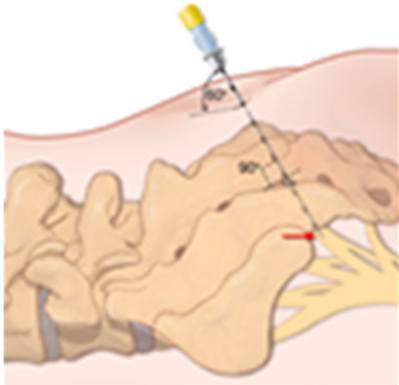


What to expect after the procedure

- Some local discomfort may be experienced.
- Nerve stimulator may provide abnormal sensations, which your body adjusts to.
- A Representative from Medtronic will be in contact with you to check on your settings and responses.
- After a 2 weeks period of the temporary leads and an improved response of your bladder, consideration will be given to a permanent implant
- If no response is obtained the leads may be removed.
- NB! Each person is unique and for this reason symptoms may vary!



What next?

- A date will be set for a review by myself and Medtronic on regular intervals
- Please don't hesitate to direct all further queries to Dr Schoeman's rooms.

Jo Schoeman
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Urologist



Dr Jo Schoeman
Specialist Urologist

**PATIENT
INFORMATION
BROCHURE**

***SACRO
NEURO
MODULATION***

Patient well-being is my first priority!

Sacro Neuro Modulation

Why is it done?

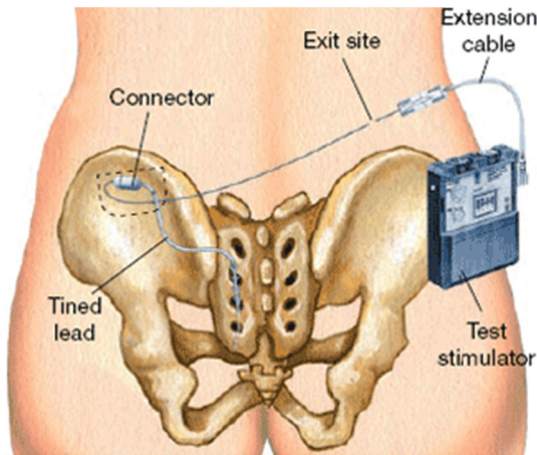
- To alter the neuro-transmission from the Spinal Centre to the Bladder:
- Refractory Over Active Bladders with Urge Incontinence .
- Under Active Bladders
- Chronic Pelvic Pain
- Faecal Incontinence
- Causative factors:
- Undetermined
- Neurogenic causes such as Multiple Sclerosis

When the Temporary leads for SNM has proven to have given an improvement in symptoms a permanent lead placement is done

The aim was to alter the neuro-transmission from the Spinal Centre to the Bladder:

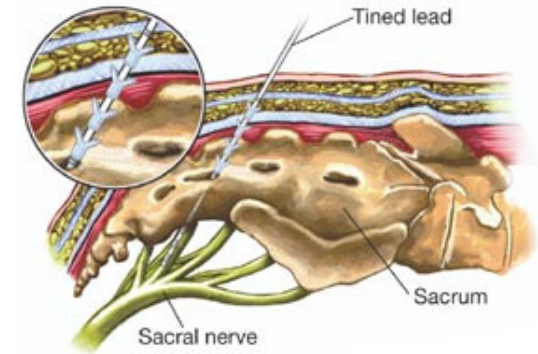
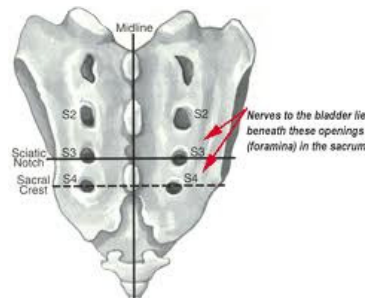
Pre-requirements

- An informed consent is required from the patient .
- Patients may not eat or drink from midnight the previous evening (not applicable if done under local anaesthetic).
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at pre-admission clinics as well as to theatre staff and Dr Schoeman**
- This is usually a day surgery procedure unless travelling from further than Brisbane
- Should not be on any anti-coagulation: Aspirin, Plavix, Warfarin.



How is the temporary led placement done?

- A General anaesthetic is administered
- You will be placed prone (on your stomach) with lower back and buttocks exposed
- A Needle will be placed in the S2, S3 foramina of the sacrum and connected to a electrical current with increased frequency until the correct response is obtained
- Correct response would be puckering of the anal sphincter as well as movement of the big toe
- The lead is then tunneled under the skin
- The Lead is attached to an external modulator and battery .



How is the permanent lead placement done?

- If you have had a marked improvement over the previous 2-3 weeks of having the modulator, you will progress to the permanent lead placement.
- A General anaesthetic is administered
- You will be placed prone (on your stomach) with lower back and buttocks exposed
- The Temporary leads will be removed with the external module
- The permanent battery will be placed in a pocket created under the skin with extension of prior incision.
- Correct response would be puckering of the anal sphincter as well as movement of the big toe

