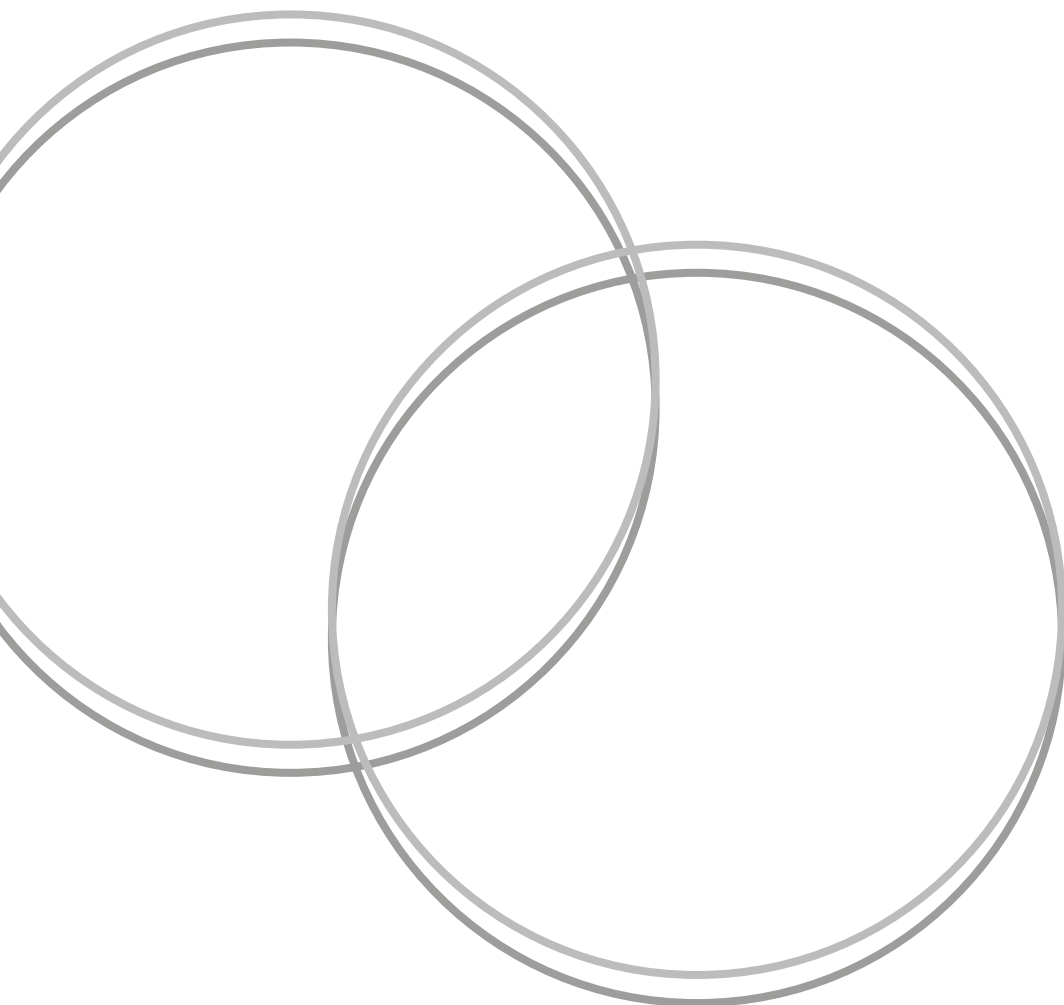


# Sacral Nerve Stimulation (SNS)

**Information for patients**



# **What is Sacral Nerve Stimulation?**

Sacral nerve stimulation/modulation (called SNS or SNM for short) is a treatment used to help with symptoms of urge faecal incontinence. It is also used in some hospitals to treat bladder problems.

## **How does it work?**

SNS works by sending electrical signals to the nerves of your bowels and pelvis. The exact way that this helps to treat urge faecal incontinence is not fully understood yet, however, it has been used with great success for over 20 years. It is thought that the stimulation can help to improve the communication between your brain and bowels. This improved communication can increase the control that you have over your bowels and reduce bowel urgency (rushing to the toilet). In turn, you will be less likely to experience accidents.

## **When is SNS considered?**

SNS can be considered if other conservative treatments for your urge faecal incontinence have not been successful, and your symptoms are still impacting your daily life. To get funding for your treatment from NHS England, you must have completed a minimum of 6 months conservative management in the Healthy Bowel Clinic and be found to have followed all of the advice given. You must also have a BMI of less than 35, as we know that SNS does not work as effectively when it is higher than this. Lastly, you will be required to have some further testing including anorectal physiology defecating proctogram and a colonic transit study. There are separate leaflets which tell you a little bit more about these tests.

When the above is complete, your individual case will then be discussed at a multi disciplinary team (MDT) meeting where a group of professionals will decide whether SNS could be beneficial for you based on your symptoms and results.

## **Temporary SNS**

One of the benefits of SNS is that you can be tested to see if this therapy works for you. This test is called a percutaneous nerve evaluation (PNE for short) and is performed under local anaesthetic. During this test, a 'temporary' flexible wire is placed through the skin and into one of the small holes that everyone has at the base of their spine (sacrum). This wire is attached to a battery which provides a small electrical pulse along the wire to stimulate the nerves that control your bowels. You wear this battery in a belt around your waist. The battery is NOT implanted into your buttock during this test. The wire is held in place by medical dressings and stays there for 2 weeks. During this time, you will be asked to keep a detailed bowel diary documenting your bowel symptoms. Please note, you cannot get the dressings or the battery wet during the two-week period. At the end of the two weeks, you will return to have the wire removed. This is done quickly and easily in our outpatient clinic and should not be painful. There is a separate leaflet which describes the process in more detail.

## **Proceeding to a permanent implant**

Approximately 8 in 10 people in Oxford will have a successful trial of PNE and go on to have a permanent SNS implant. If it is decided that a permanent SNS device would be beneficial to you, you will be added to the waiting list to receive one.

The procedure to have a permanent stimulator implanted is quite similar to the PNE, and is also performed under local anaesthetic. The difference is that you will be given some additional painkilling medication through a drip and your surgeon will use X-rays for guidance.

You will need someone to drive you home from the procedure because of the medication that you will have been given. You will also need somebody to stay with you overnight.

Although you will be at the hospital for a number of hours, an overnight stay at the hospital is not required.

## **Follow up**

Once you have a permanent SNS device implanted, you will receive routine 1-2 yearly follow ups with a member of the pelvic floor team they will check over the device and make sure that your symptoms remain well managed. You will have open access to contact the team at any time if you have any concerns. There are multiple programmes/settings that can be used with the device to give you the best control possible. The team will help you with this. The lifespan of the battery can depend on the settings that you use but it typically lasts for around 10-15 years. A small procedure to replace the battery under local anaesthetic will be required when it runs out. Over time, the lead can sometimes deteriorate and require replacing, but not always. Occasionally, for example if you have a severe fall, the lead may become damaged by the impact and need replacing.

## **Life with a Sacral Nerve Stimulator**

If you have an SNS device, you should expect to lead a normal life with your improved bowel function. You should not need to do anything with your SNS day to day once an effective programme/setting has been found. Sexual activity is not restricted with an SNS device. You can also travel on airplanes and drive as normal. Activities that involve repetitive or excessive bending, twisting, bouncing, or stretching should be avoided in the first 6-8 weeks of having the stimulator inserted. These activities may include gymnastics, mountain biking or lifting heavy weights. This is because there is a small risk that the wire might move (migrate) with repeated heavy impact. After 6-8 weeks, you are encouraged to return to your normal routine and partake in any activities that you enjoy. You can speak to your doctor or nurse prior to the procedure if you have any concerns about this.

You should always inform any doctors/surgeons that may be treating you that you have an SNS device. Certain types of surgical equipment must not be used if you are having surgery, so it is important that surgeons know this. You can have scans with an SNS, but the radiology team must know this beforehand. MRI scans require the radiographer to use certain settings on the scanner and so they must be made aware of this.

## **Are there any long-term problems with SNS?**

SNS is considered to be one of the best surgical treatments for bowel incontinence, mainly because it is a very safe procedure. About half of all people who have SNS may experience issues at some time that require reprogramming or modification of the SNS device in some way. You may experience some pain related to either the lead, battery, or stimulation. Often this can be rectified by turning the stimulation down or changing the settings. In some instances, you might need to apply some local ibuprofen gel or very occasionally, a steroid injection around the device may be required to help the pain.

If you have had a successful trial, the permanent implant will usually be effective. However, it may take some time to establish the best programmes and settings. In a very small number of cases, the permanent implant will not be effective despite a successful trial. It is important to remember that SNS is a treatment which works alongside conservative management to compliment it meaning that you will need to continue with things like pelvic floor exercises, Imodium, and good toileting technique.

# Notes



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust

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