

Sacral Neuromodulation (SNM)

A Guide for Women

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What is Overactive Bladder (OAB)?

Overactive bladder is a common condition caused by an involuntary contraction of the bladder muscle (detrusor) leading to urinary frequency, urgency, nighttime voiding, and leakage of urine. This can have a significant impact on your quality of life.

How does SNM work for OAB?

Evidence suggests that the root cause of OAB and non-obstructive urinary retention stems from a disruption in the bladder-brain communication pathway. While other therapies focus on the bladder muscles, SNM targets the nerves, which is thought to help restore normal bladder function.

Am I a candidate for SNM therapy & how effective is it for OAB?

SNM is often recommended if medication, biofeedback therapy, pelvic floor physical therapy or behavior modification have not provided enough benefit for you. Patients who use SNM report an 84% satisfaction. In addition, 76% of people achieved success at 6 months compared to 49% who used medications.

What are the risks?

The most common adverse events experienced during clinical studies included pain at implant sites, new pain, lead migration, infection, technical or device problems, adverse change in bowel or voiding function, and undesirable stimulation or sensations. Any of these may require additional surgery or cause return of symptoms.

How is the SNM procedure performed?

Step 1: Percutaneous nerve evaluation (PNE) is a minimally invasive procedure, performed in the clinic, under local anesthesia. Two temporary leads (special wires) are placed through a pinpoint opening in your sacrum. After the leads are positioned and secured, stimulation is delivered to your sacral

nerve as you go about your normal activities. You will return to the clinic several days later for removal of the leads. If your urinary symptoms improve significantly with stimulation, you may proceed to SNM implant (Step 3).

Step 2: If the results of the PNE trial are inconclusive, your doctor may recommend another test called a Staged SNM trial, involving one or two outpatient surgeries performed under light sedation about two weeks apart. A lead will be implanted near your tailbone in the stage 1 procedure. During the trial period, an SNM nurse or technician will instruct you to test different settings on the lead using a control box. If the test is successful, you will proceed to step 3. If there was not marked improvement in symptoms during the trial, the lead will be removed in the office or with a second surgery.

Step 3: If your trial phase was the PNE, you will have the lead implanted in the sacrum, which will be connected to a small pulse generator implanted in your buttock. If you underwent the stage 1 trial, and had improvement in your urinary symptoms, stage 2 will involve implanting the pulse generator and connecting it to the existing lead.



Instructions for after the procedure.

You will have follow up appointments with your doctor to make sure the device is programmed in the best way to control your symptoms. You will receive a remote control device to control stimulation, and you may see the SNM nurse or technician as needed to adjust settings for optimal benefit. This may take a few visits after the initial implant. Once the most appropriate settings are determined, you will need to be followed annually or as needed. Patients can expect up to 15 years of benefit before the device may need to be replaced due to battery depletion.