

Department of Urogynaecology

Produced: October 2024

Review: October 2027

Leaflet number: 1551 Version: 2

Women with an overactive bladder (OAB) have:

Urgency – this is a very sudden, strong feeling of needing to pee which is difficult to control.

Frequency—feeling the need to pee often during the day and or night

Urge leakage of pee— leakage of pee as you are trying to get to the toilet.

These symptoms are caused by the bladder muscle trying to push pee out even when it is not yet full. OAB symptoms are common. They affect about 2 in 10 women. In most cases, no cause is found

Bladder retraining. Our specialist nurses can help you to retrain your bladder so that it works more normally. Part of bladder retraining involves drinking the correct amounts and the right types of fluid.

Medication. These medications relax the bladder muscle and stop unwanted contractions. They may cause a dry mouth, constipation and indigestion.

Botox (Botulinum toxin) bladder injections. These injections are only for women when bladder retraining and medications have not helped. These injections work by relaxing the muscle of the bladder and last about 6 to 12 months. Leaflet 1549 [Bladder botulinum toxin \(Botox\) injections for overactive bladder](#) available on YourHealth yourhealth.leicestershospitals.nhs.uk/

Sacral neuromodulation (SNM). This treatment is only for women where bladder retraining and medications have not helped. SNM changes how the nerves to the bladder work using

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electrical stimulation. These nerves are in your lower back near the tailbone. SNM improves overactive bladder symptoms in about 7 in 10 cases.

SNM procedure

The treatment is done in 2 stages. They are both day case procedures in hospital. They use local anaesthetic and sedation (you will be awake but very sleepy).

Stage 1

- We insert a temporary thin wire (electrode) into your lower back. It only involves needle pricks in your back. This takes about 45 minutes.
- We insert the wire through the skin. It is placed close to the nerves in the lower back.
- Once it is in place, it is attached to a small device. This controls the electrical impulses. When it is switched on, you may feel a tingling, tapping, dragging or pulling feeling anywhere from your pee pipe to your back passage.
- After about a week, you will see our specialist nurse who will assess how well this temporary wire has worked for your bladder. If it has helped a lot, a permanent stimulator (2nd stage) will be a good option for you.

Stage 2

- A permanent stimulator is inserted.
- We make a few small cuts in your lower back.
- We insert a permanent wire under your skin.
- A small battery device which gives off the electrical impulses is also placed under your skin. You will not be able to see the wire or battery.
- The electrical stimulation is controlled using a remote control. The specialist nurse will teach you how to use it.
- The battery may be rechargeable or non-rechargeable. Our specialist nurses will help you decide which type is best for you.

What are the risks?

You may have pain where the wire and battery have been inserted.

The wire and battery can get infected and may need to be removed.

There may be technical problems causing the device not to work well.

The electrical impulses may make the way your bladder or bowel works worse.

The electrical impulses may cause uncomfortable or painful sensations.

About 1 in 3 patients might need further surgery because of problems with the device. Sometimes the device may need to be removed.

What kind of precautions will I need to take in the future?

- Always tell your doctors that you have a sacral neuromodulator if you are having any kind of **surgery** or **X-ray investigation** (for example, CT scan, ultrasound scan and **MRI scan in particular**). Show them your SNM identification card.
- At the airport it is advisable to avoid (if possible) going through the metal detector. Show the security staff your SNM identification card. If you do have to pass through a metal detector, you must turn your SNM off.

Follow up

Our specialist nurse will be in touch with you within a week of the procedure. She is also your first point of contact if the need arises.

British Society of Urogynaecology (BSUG) database

We will ask for your consent to collect information about your surgery and recovery. The information is stored in a secure online database. The information collected helps us assess and monitor our practice.

Multidisciplinary team meeting

Before your surgery, we may talk about your urinary problem, tests and operation at a meeting to confirm that your planned treatment is best for you. Sometimes, the original plan may need to be changed.

Contact information for your consultant

Mr Roderick Teo 0116 258 6426

Miss Aneta Obloza 0116 258 3891

Urogynaecology Nurses Office: 0116 204 7897

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