

# Sacral Neuromodulation (SNM) for Faecal Incontinence (FI)

## A Guide for Patients

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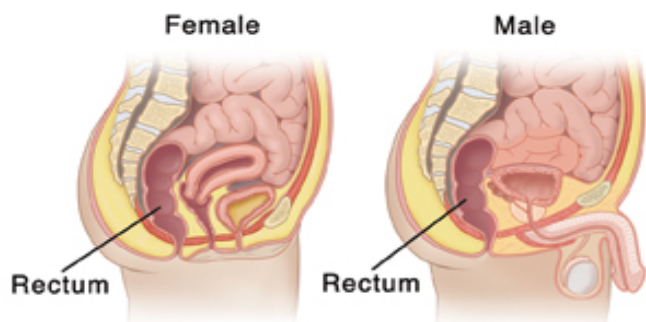
### Introduction

SNM (also called SNS or sacral neurostimulation) is a treatment for Faecal Incontinence (FI) and can be used when FI has occurred as a result of damage to the anal sphincter (for example following childbirth) or when the nerves involved in muscle function and sensation are damaged, which can occur in neurological and spinal conditions.

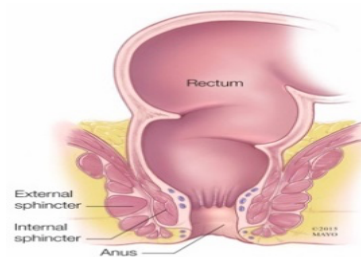
### How does a normal bowel work?

Once the bowel has absorbed nutrients from food, the waste (faecal material and gas) travels to the rectum, where it is stored until it is time to evacuate (empty). The rectum and the upper portion of the anal canal are richly supplied with nerves. When the rectum is stretched the nerves sense this fullness triggering a message to the brain, via the sacral nerves. When you need to open your bowel (i.e. in a toilet, at a convenient time), the brain tells the anal sphincter muscles, via the sacral nerves, to relax. As the muscles relax, the anus opens and the rectum empties. In some neurological and spinal conditions, the brain cannot tell whether the bowel is full of waste (faeces) or just wind. This can lead to accidental leakage.

### The Rectum



### The Rectum with anal sphincters



### What is Faecal Incontinence (FI)?

FI is the inability to control the passage of faeces from the anus and there are many causes. Symptoms can be severe with major accidents, or minor, with streaking or smearing of the underwear. Incontinence may occur every day or at irregular intervals. There may be difficulty with cleaning and sufferers may routinely have to wear a pad. Faecal urgency is the inability to wait or 'hang on' to get to a toilet and sufferers have to get to the toilet as soon as they feel the urge to go. Accidents may not happen but faecal urgency is disabling. Faecal incontinence or urgency may lead a sufferer to become house bound or only go to places where they know there is easy access to toilets. Work, social and sex life can all be affected. Often patients state "I didn't even feel it come out" or "I didn't get enough notice to make it to the toilet".

### What is SNM and how does it work?

If the brain and sacral nerves don't communicate correctly, the rectum can't function properly, which can cause bowel control problems. Sacral neuromodulation, by way of mild electrical pulses, targets this communication problem by stimulating the sacral nerves, which are responsible for communication between the bowel and brain. SNM helps the brain and the nerves to communicate so that bowel function can be restored and targets rectal sensation, rectal emptying and sphincter function.

### Am I a candidate for SNM?

You may be a candidate for SNM as a therapy, when conservative options (such as lifestyle and dietary changes, medication, sphincter exercises or biofeedback) have had limited or no success. Prior to offering SNM, your doctor may perform investigations such as a colonoscopy and anal ultrasound to look for a cause of your FI, and to help tailor treatment to your diagnosis.

You may be asked to keep a bowel diary when being considered for SNM. The usual indication for a trial of SNS is at least one accident to faeces a week

### Who should not have SNM?

Implantation of a sacral neuromodulator is contraindicated for:

- Patients who have had an unsuccessful evaluation test
- Patients who are unable to properly operate the system
- Pregnant Women (therapy can be turned off during pregnancy)

## What does SNM involve?

The treatment is low-risk, relatively minor and is usually performed as a **day procedure** at a hospital. The treatment involves two-stages, including a test phase and implant phase, both usually performed under local anesthesia with sedation.

**The Test Phase**, or stage 1, requires a 7-14-day assessment. This allows your doctor and you to assess your initial response with an external neuromodulator device in order to assess whether a permanent device will be a good option for you. The aim is to achieve a minimum of >50% improvement in symptoms. This is usually assessed during the test phase by completing a bowel diary, which is compared with the one you kept before the trial. On the day of the procedure you will be educated how to use the device until you feel confident and comfortable and will have support for any device related questions after you go home. **Whatever the outcome, stage 1 is fully reversible. This procedure takes about 45 minutes.**

The test evaluation can be done in 2 ways:

1. Either a basic trial, where 2 temporary leads are inserted in theatre, and held in place by dressings when you go home. They are then easily removed by your specialist in their office at the end of the trial.
2. Or a advanced trial, where a lead is inserted in theatre and connected via an extension lead to the external neuromodulator device. When the trial is successful the electrode is left in place but disconnected from the external neurostimulator device immediately before stage 2.

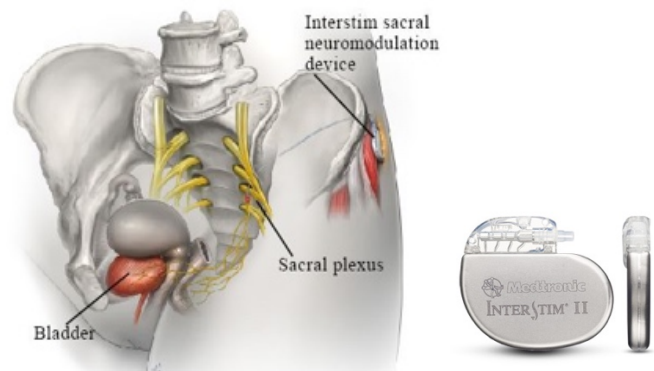
**The Implant**, or stage 2, involves the insertion of the sacral nerve stimulator through a small incision, below your bikini line. If you had temporary leads which were removed after the trial, the permanent electrode lead is also inserted during this procedure.

## What should I expect after treatment with SNM?

Once switched on, you may feel a comfortable pulsing, tingling, tapping, dragging or pulling sensation in your pelvic floor area (vagina, scrotum, or anus). Most patients have to really concentrate to be conscious of the sensation. However, simulation can be adjusted at any time or even switched off.

SNM does not work immediately, but over several days you should begin to experience relief of sudden urges to open your bowels and a reduction in leakage or stoppage of leaking altogether.

As sensation and awareness is restored, you may feel you can empty your bowels more efficiently, reducing the number of times you go to the bathroom. Your doctor will arrange follow up appointments as clinically necessary, but usually these will occur every 12 months to check the the battery life and settings of your stimulator.



The aim of SNM is that you will be able to "set and forget" and not have your incontinence front of mind impacting your life.

## How long does the treatment effect last?

Unlike other treatments options, SNM provides ongoing symptom relief for about 4-6 years before the battery needs replacing, which is a simple 10 minute day procedure.

## What are the risks of SNM?

At first, you may experience some discomfort where the device was implanted. But that will fade as the incision heals. With any procedure there is a risk of infection, about 2%, but your doctor will provide further information on how you can reduce your risk of infection. The potential other risks are related to malfunction, movement or breakage of parts of the device, but these are low.

Unlike other treatments, SNM allows patients the opportunity to trial its efficacy on their symptoms, and make an informed decision, before proceeding to implant. **At any time, during stage 1 or after implant, SNM is reversible**, is quick and simple and doesn't involve the spinal cord.

## How much does SNM cost?

In Australia, the procedure is covered by Medicare, however not all public hospitals offer the service. Most private health insurers will cover the full cost of SNM. Your doctor will be able to advise you on this.

## How successful is SNM?

The clinical evidence for SNM is vast. Over 300,00 patients have successfully been treated with SNM worldwide. There is long term data, over 5 years, for **FI** showing that more than **80%** of patients who have a permanent implant after a successful trial, will achieve a minimum of >50% improvement in symptoms. Speak to your doctor, as they may have patients that have undergone SNM, who are willing to answer questions from other patients who are considering SNM.

**For further information about Sacral Neuromodulation, scan the below QR code**



