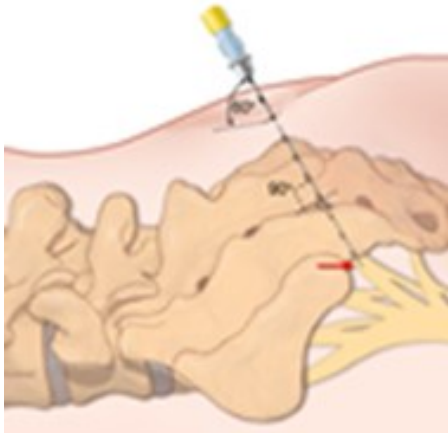


What to expect after the procedure

- 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.
- If after a 2 weeks period of the temporary leads have shown an improved in 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 your permanent lead placement (2 weeks)
- Please don't hesitate to direct all further queries to Dr Schoeman's rooms.

Jo Schoeman
FRACS, FCS (Urol) SA, MBChB

The Wesley Hospital
Suite 46 Level 4
The Wesley Medical Centre
24 Chasely Street
AUCHENFLOWER QLD 4066

Ph: 07)3371-7288
Fax: 07) 3870-5350
E-mail: jo@urojo.com.au
Emerg: 0403 044 072

www.drjoschoeman.com.au

Urologist



Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

FIRST STAGE

SACRO NEURO MODULATION

TEMPORARY LEAD PLACEMENT

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

First Stage 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 (OAB)
- Under Active Bladders (UAB)
- Chronic Pelvic Pain
- Faecal Incontinence
- Causative factors:
Undetermined
Neurogenic causes such as Multiple Sclerosis

When at least 2 anticholinergic drugs or B-adrenergic drugs have failed to have provide an improvement in symptoms of OAB

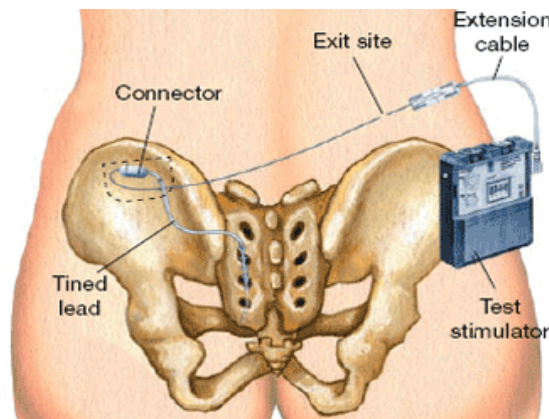
An alternative for ISC or permanent IDC for UAB

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

This will be a trial to see if this works for you

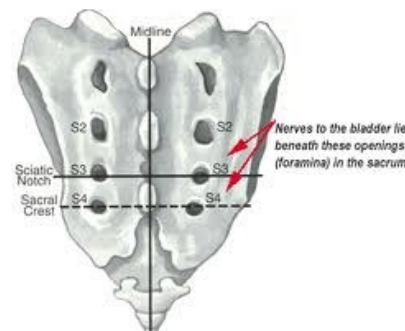
Pre-requirements

- An informed consent is required from you .
- Patients will be required to be starved of food and drink for 8 hours as you will have a sedation.
- 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 lead placement done?

- A sedation is administered
- You will be placed prone (on your stomach) with lower back and buttocks exposed
- A Needle will be placed in the 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 .
- Pts with UAB may have permanent lead placement from the start, as effects may take up to 12 months to occur



What to expect

- If you have an OAB: you should experience a marked improvement over the previous 2 weeks
- A minimal requirement of at least 50% improvement in urinary symptoms is required to progress to a full implant
- The Temporary leads will be removed with the external module and the permanent leads may be introduced on the next procedure
- As routine in my practice, the permanent lead is used as the temporary, therefore allowing for the exact same results as with the trial period
- The permanent battery will be placed in a pocket created under the skin with extention of prior incision on the subsequent procedure
- Generally a temporary lead is not done for an UAB, as the response may take up to 9-12 months
- Leads for pain are placed bilaterally and in multiple sites

