

Sacral Neuromodulation (SNM) System Implantation

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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Learn more: <https://library.nshealth.ca/patient-education-resources>

Urologist: _____

Clinic phone: _____

- If the SNM system is not comfortable:
 - › Turn it off.
 - › Then slowly turn it up again until you feel moderate stimulation. It does not need to be strong, but you should feel something. Stimulation may feel different when you change your body position.
 - › You can also try changing the program.

- Call your doctor if you see any redness or swelling where the lead enters your skin. This could be a sign of infection.
- Ask your doctor what to do if you feel a change in the stimulation. **It should never hurt.** If it hurts, turn it down or off and call your urologist.

For more information, call the Urology Clinic:

- › Phone: 902-473-4186
- › Hours: 8 a.m. to 4 p.m., Monday to Friday

- A risk of a **retained lead**, if you already have a neurostimulator
 - › This is when the neurostimulator is already broken or when the device breaks as it is being taken out.
- These risks are not likely. If they do happen, you may need another surgery.
- There is also about a 30% risk of needing another surgery if:
 - › The SNM system does not work correctly
 - › The wire moves
 - › There is a problem where the neurostimulator and the lead connect
- About 2 out of 10 people find that the SNM system does not help, or that it makes their urinating problems worse, even if their PNE test results were good.

Caution:

- When you see any of your health care providers, tell them that you have an SNM system.
- You should get a MedicAlert® bracelet. For more information, visit:
 - › www.medicalert.ca



Sacral Neuromodulation (SNM) System Implantation

What is sacral neuromodulation (SNM)?

- **SNM** uses electrical impulses to stimulate the nerves that control the bladder and bowel.
 - › A small neurostimulator (battery) and a wire are put under the skin in your lower back.
 - › The neurostimulator sends an electrical impulse to the wire to ‘reset’ the abnormal communication between your brain and your bladder or bowel.
- SNM can help with:
 - › **Overactive bladder** (urinating [peeing] often during the day and night)
 - › Urine (pee) leakage (called **urgency urinary incontinence**)
 - › Emptying your bladder fully
 - › Pain and pressure in the bladder area
 - › Stool (poop) leakage (called **fecal incontinence**)
- If your doctor thinks SNM may help you and you had good peripheral nerve evaluation (PNE) test results, you will be booked for surgery. Your surgery may not be for several months.

How does the SNM system work?

- The neurostimulator is a small electronic device like a pacemaker. It sends mild electrical pulses through a wire to the sacral nerve to:
 - › Stimulate the muscles and organs in your pelvis
 - › Help to control how your bladder and bowel work

How do I get ready for my appointment?

- **You must have a support person to take you home and stay with you for 24 hours (1 day) after your surgery.**

How is the SNM device put in?

- Placing the SNM device will take about 1 hour. You will be able to leave the hospital on the same day.
- You will be taken to the operating room (O.R.). You will have a general anesthetic (medication to put you to sleep during surgery).
- Once you are asleep, you will be moved onto your stomach. The doctor will put a needle in your sacrum (the bony area above your tailbone). They will use an X-ray to find the right place.

What are the possible risks?

- A small risk of skin erosion (wearing away) or irritation at the site of the neurostimulator or lead that could lead to infection
 - › If this happens, you may need antibiotic medication, or surgery to move or take out the neurostimulator.
- A small risk of infection of the incisions
- A less than 1% chance of a **hematoma** (blood clot) which can cause fever (temperature above 38 °C or 100.4 °F) and an abscess (buildup of pus)
- **A small risk that the neurostimulator may not work because of electronic or mechanical failure**
 - › If this happens, you may need minor surgery to replace all or part of the SNS system. This is more likely to happen if you fall on the device or if there is a big change in your weight.
- The lead or the extension may move or break, or the device may not work properly
 - › This can cause a feeling of electrical shock, which may cause pain or muscle spasms.
- A rare risk of **nerve injury** because of how you were positioned in the O.R.

- **Theft detectors and airport or security screening devices may make your neurostimulator device turn on or off.**
 - › If you are sensitive or have a low stimulation threshold, the stimulation may feel stronger for a short time. These periods of stronger stimulation have been described as uncomfortable, jolting, or shocking. This should go away quickly and will not harm you.
- The neurostimulator may be negatively affected by or interfere with (affect):
 - › Cardioverter defibrillators
 - › Electrocautery (heating tissue with electricity)
 - › External defibrillators
 - › Ultrasonic equipment
 - › Radiation therapy
- We do not know the long-term safety and effectiveness for people under the age of 16.

- Your doctor will make an incision (cut) in your skin and put a wire called a lead through the incision.
- They will also make an incision in your upper buttock (bum). They will make a pocket in the tissue under your skin and put the neurostimulator in this pocket.
- They will check how you respond to the device based on the muscle contractions (squeezes) in your buttocks or your big toe.
- Once your doctor has found the correct sacral nerve, they will make the hole in your back bigger. They will use an X-ray to help them put in a permanent wire (called a lead).
- They will make another incision in your upper buttock and make a pocket in the tissue under your skin. They will put the neurostimulator in this pocket.
- The lead will go under your skin to the neurostimulator.
- The doctors will close the incisions with stitches and staples, then cover them with dressings.
- In about 4 weeks, you will come back to the clinic to have the device turned on and to learn how to use it.

What will happen after my surgery?

- You may have some discomfort and pain for the first few days after your surgery. Take pain medication as told by your doctor, if needed.
- Go back to your usual activities slowly, as you have less discomfort.
- Make an appointment with your primary health care provider (family doctor or nurse practitioner) to have the staples taken out 10 to 14 days after your surgery.

Care of the neurostimulator

- Before you leave the hospital, you will be given a box with the neurostimulator handset (cell phone device) and controller.
 - › **You must charge these devices before coming back to the clinic to have your device turned on.**
- Sometimes, the neurostimulator may need reprogramming to make sure it is working well. You will be taught how to use 7 different programs on your device.
- The neurostimulator usually needs to be replaced every 5 to 10 years. You will need a minor procedure to change it.

Once the neurostimulator is turned on, you will have a twitching or fluttering feeling near your vagina, rectum (bum), or scrotum. Sometimes the feeling may travel to your leg. **If your leg hurts:**

- › Turn the stimulator down or turn it off.
- › Call your health care provider.

Warnings:

- If you are pregnant or planning to get pregnant, your neurostimulator should be turned off.
- **Do not have any procedure that uses diathermy, including:**
 - › Shortwave diathermy (electrically induced heat)
 - › Microwave diathermy
 - › Therapeutic ultrasound diathermy
- › If you have an InterStim X™ system, it has SureScan™ MRI technology that is safe for MRIs.
- If you have a different device (like Interstim™ or InterStim™ II), **do not** have an MRI of your body. It is OK to have an MRI of your head.