



European Association of Urology Nurses Nursing Solutions for Difficult Cases

SUBMISSION FORM

Title Case Bowel V's Bladder in Sacral Neuromodulation_therapy

Please answer the following questions to describe your case

1. What was the problem you experienced in this patient?

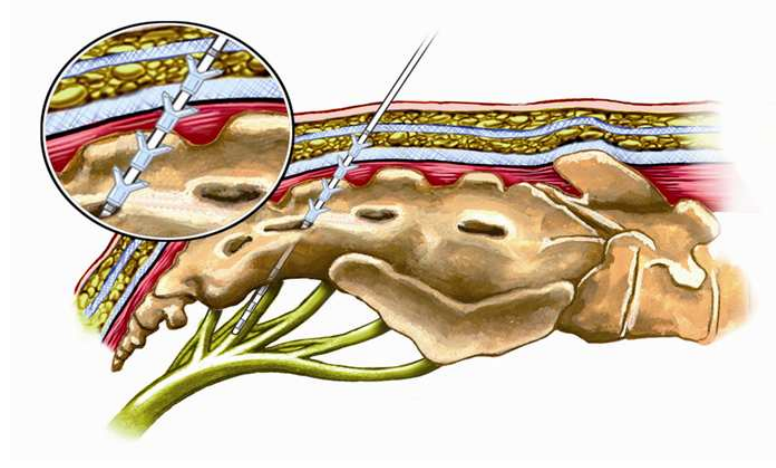
67 year old professional male

Idiopathic detrusor overactivity (IDO) in the absence of Bladder Outflow Obstruction

- Failed conservative management for IDO
- Failed pharmacological therapies (anticholinergics and beta-3 adrenergic agonist)
- Tried Botox with complete retention – didn't like Clean Intermittent Self Catheterisation (CISC).

Referred to our tertiary service for consideration of Sacral Neuromodulation (SNM).

Advanced evaluation 29/6/12 & SNM implant 23/7/12



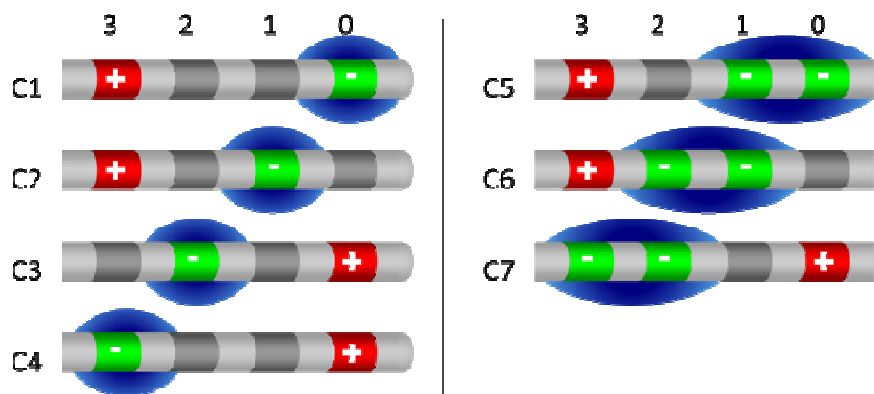
(Photo 1).

2. Which nursing intervention did you provide?

Nursing intervention is intensive programming and reprogramming of his SNM device, as charted below.

Review Nov 2012

Programming modified after failure of efficacy with advanced evaluation settings (+3/-0)
Switched to trial of four new programs (best sensory response at lowest voltage).



(Photo 2.)

Review March 2013

Best setting found (+ case/-1) Bladder 'excellent'

Request to be seen June 2013

Severe anal & buttock pain and new onset hemorrhoids.
Manage by fact reprogramming keeping + case/-1 as a backup.

Review Nov 2013

Other programs less effective for bladder control so returned to +case/-1
Anal and buttock pain severe and patient in distress.

New methods:

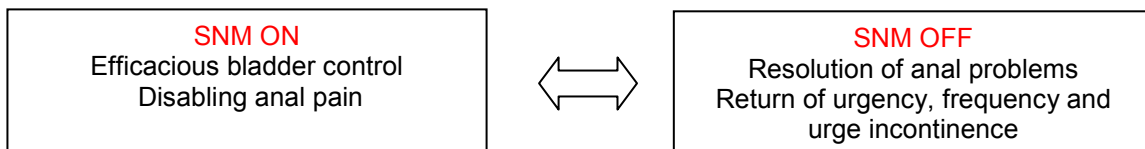
- 6/52 on Lower voltage SNM No change
- 6/52 reduced pulse width No change
- 6/52 cycling mode No change

6 months after initial consultation patient in complete crisis.



(Photo 3)

The patient was complaining of disabling pain in the anus due to fissure and hemorrhoids. He was ultimately in a dilemma:



His marriage, as a consequence of his distress was at breaking point. His ability to work was compromised due to the stress of situation. The patient's GP expressed concern about the patient's wellbeing.

3. Which materials did you choose to help the patient?

After trying the entire conventional SNM Modus operandi and failing, then trying to compromise between bladder and bowel but not reaching a happy medium, I decided to seek advice from colleagues in the UK neuromodulation network.

Each year a national meeting is arranged in order that all allied health professionals involved in SNM are able to meet and network. There is also opportunity to discuss difficult cases so the forum can offer advice and support.

This was a golden opportunity to ask about my patient.

At this meeting I was given excellent suggestions from the audience, much of which I was able to say I had executed. However my urological colleague Jane Brocksom and colorectal colleague Ellie Bradshaw were able to offer advice new advice.

Specifically:

- 1 – Turing the SNM off for defecation
- 2 – Asking the patient to take a bulking agent like flaxseed
- 3 – Turing the voltage lower in the day, but higher at night.



(Photo 4)

4. What were the results of your intervention?

I saw the patients one week after the meeting to ask him to employ all the methods as above. I described the methods in detail and booked a review for eight weeks later.

Review 8/52 weeks later.



(Photo 5)

Result! This is an actual extract from the letter I dictated review.

*I am utterly delighted to see ***** looking so very well. On top of this he reports the new methods he has employed following our appointment in May have made him feel "the best ever". He really is feeling fantastic.*

Employing the modes of turning the snm off to defecate, coupled with the bowel effect of flax seed contributed to eradicating the hemorrhoids and fissures that were so painful. The SNM benefits for the bladder continued as he was able to leave the device on, but found turning the voltage lower in the day meant his anal pain disappeared, but his control was maintained by having the SNM higher at night.

5. What is shown on the photos (text will be used as caption)?

Photo 1 – Permanent Implant SNM photo

Photo 2 – Wire with four contact & manage by fact

Photo 3 – Pt with head in hands

Photo 4 – Flaxseed

Photo 5 – Success photo