



INFORMED CONSENT FOR PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS)

What is PTNS?

Percutaneous Tibial Nerve Stimulation is a treatment for women with urinary urgency, urinary frequency, urge incontinence and faecal incontinence. Other treatment options include behaviour modification, pelvic muscle strengthening, drug therapy and surgery.

Using the Urgent® PC neuromodulation system to deliver the PTNS treatment, a small, slim needle electrode will be temporarily inserted near the tibial nerve and the needle electrode will then be connected to a battery-powered stimulator. The stimulator's impulses will travel through the tibial nerve and then to the sacral nerve plexus (the nerves controlling bladder and bowel function) in an attempt to modulate the sensitivity of those nerves controlling the bladder and bowel.

Treatment: Each treatment will last approximately 30 minutes. You will receive an initial series of 12 treatments, typically scheduled a week apart. If you respond to treatment, you may need occasional treatments to sustain your results.

Risks: Potential side effects associated with PTNS treatment include the following;

- discomfort and pain (including throbbing pain) near the stimulation site
- redness/inflammation at or near the stimulation site
- toe numbness
- stomach ache

Contra-indications/precautions:

- pacemakers/cardiac implants
- uncontrolled/poorly managed bleeding disorders
- individuals with nerve damage that could impact either percutaneous tibial nerve or pelvic floor function
- women who are pregnant or planning to become pregnant
- needle phobic
- previous bladder reconstruction, cystectomy, malignance of bladder, sacral modulation, botox (within 9 months)
- Presence of bladder stones, indwelling catheters

Please sign below to indicate that you have read, understood and agree with the following statements:

- I certify that my therapist has informed me of the nature and character of the proposed PTNS treatment, of the anticipated results of this treatment, and of the possible risks associated with this treatment
- I have been informed of other treatment options for my symptoms
- I acknowledge that no warranty or guarantee has been made to me as to my potential results following PTNS treatment
- I certify that I do not have a pacemaker or defibrillator, problems with excessive bleeding, or nerve damage that could impact either my percutaneous tibial nerve or pelvic floor function
- I certify that I am not pregnant or planning to become pregnant during the duration of the treatment

Patient signature _____

Date _____

PRINT NAME: _____

Provider signature _____

Date _____

Witness signature _____

Date _____