

What Is Faecal Incontinence?

Faecal incontinence refers to the inability to control bowel movements. In some cases, individuals may lose only a small amount of liquid waste; in other instances, the solid bowel movement cannot be controlled.

Symptoms of faecal incontinence include:

- Loose stools or diarrhoea
- Strong, excessive, uncontrollable bowel contractions, which push out the stool
- Uninhibited relaxation of the anal sphincter (back passage muscle)

What Causes Faecal Incontinence?

Common causes of faecal incontinence are:

- Muscle damage to the anal sphincter muscles
- Reduced muscle tone due to normal aging
- Nerve damage or injuries to the pelvic floor resulting from vaginal delivery or surgery
- Neurologic disorders (altered nerve function) such as stroke or diabetes
- Conditions associated with chronic constipation or diarrhoea
- Irritable Bowel Syndrome (IBS)
- Certain medications
- Poor diet

How Is Faecal Incontinence Evaluated?

To make a diagnosis, we shall take your detailed medical history and perform a physical examination. We may also perform one or more diagnostic tests to examine your anal sphincter muscles and lower digestive tract.

What Treatment Options Are Most Often Prescribed?

- Dietary changes – to change the bulk of the stool, to consume smaller meals more frequently, to eat and drink at different times
- Exercise therapy – selected exercises to improve pelvic floor function
- Medications – antidiarrheal medicines or drugs to relax the bowel
- Bowel training – biofeedback and/or scheduled bowel movements to strengthen and coordinate muscles
- Injectable bulking agents – to increase sphincter muscle tissue bulk
- Neurostimulation – to stimulate the nerves controlling bowel function
- Surgery – to repair the anal sphincter, implant an artificial anal sphincter or to remove a portion of the bowel

What Is Neurostimulation?

Bowel function is regulated by a group of nerves at the base of the spine called the sacral nerve plexus.

By stimulating these nerves through gentle electrical impulses (neurostimulation), your bowel activity can be changed. One way to stimulate these nerves is to surgically implant a stimulator in your buttocks to send continuous impulses to the sacral nerve plexus. Another way to stimulate these nerves is with Urgent PC, an out-patient minimally-invasive treatment for faecal incontinence.

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The medical name for this procedure is 'percutaneous tibial nerve stimulation for faecal incontinence'; this is often referred to as PTNS.

What Can I Expect From Treatment With PTNS?

In this procedure, a fine needle is inserted into the tibial nerve just above the ankle and an electrode is placed on the foot. The needle electrode is then connected to the battery-powered stimulator. A mild electric current is passed through the needle to stimulate the tibial nerve. After turning on the stimulator, we initially observe your body's response to determine the ideal strength of the impulses and make adjustments accordingly.

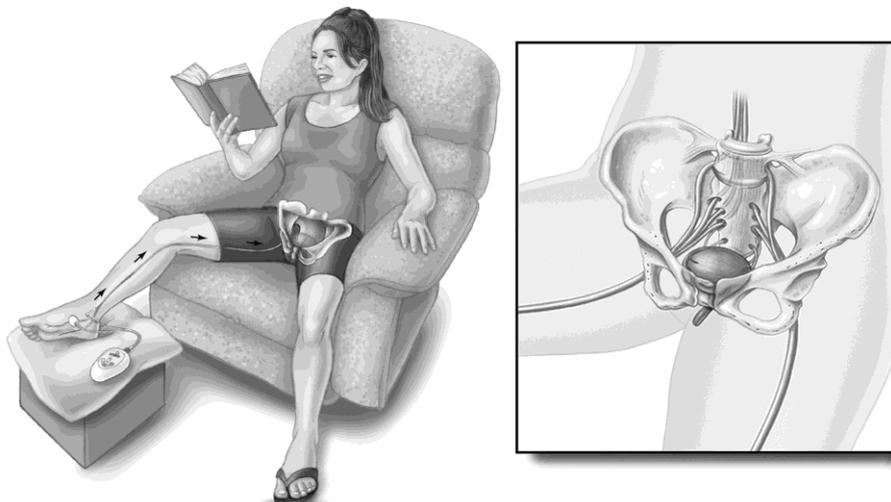
Each of your treatment sessions will last approximately 30 minutes. You will receive an initial series of 12 treatments, typically scheduled a week apart. After the initial 12 treatments, your response to the treatments is assessed and we determine if you will need future treatments to maintain your results.

What Will I Feel With PTNS Therapy?

Because patients may experience the sensation of the PTNS treatment in different ways, it's difficult to say what the treatment would feel like to you.

However, PTNS is typically well tolerated by patients. The device offers many different levels of stimulation, so we are able to adjust treatment to suit you as well as address any discomfort that you might experience during treatment.

Treatment Overview



Treatment set-up

- You will sit in a chair with your treatment leg elevated
- Your doctor will
 - Clean your ankle and arch on the treatment leg
 - Insert a thin needle electrode above your ankle
 - Attach a grounding pad to the arch of your foot
 - Connect components
- You will remain comfortably seated for the 30 minute treatment

Determine treatment settings

- Your doctor will turn on the stimulator and adjust the setting
- You will feel a sensation in your ankle or foot. Your toes may also spread out and curl
- Let your doctor know if the sensation is too strong or if your position is uncomfortable

Receive treatment

- The stimulator will deliver 30 minutes of therapy
- You can read, or do crossword, puzzles or other similar activities during your treatment

After treatment

- The stimulator will beep upon the completion of the treatment session
- Your doctor will turn off the stimulator and remove the needle electrode
- You should be able to resume normal activities immediately following treatment

Treatment schedule

- Initial series of 12 weekly sessions, 30 minutes each
- You may need to return periodically to maintain your results

Risks And Possible Problems

PTNS is generally a very safe procedure and most patients experience no side-effects whatsoever. In a minority of cases the following problems have been reported:

- stomach ache lasting for several hours, occurring 2–3 hours after the procedure
- leg or toe numbness lasting up to 2 hours
- swelling and pain in the leg
- transient discomfort or throbbing pain at the insertion site
- redness or bruising where the needles were inserted.