

# Percutaneous Tibial Nerve Stimulation (PTNS) with Urgent<sup>®</sup> PC

Session #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

other: \_\_\_\_\_

Date: \_\_\_\_\_

ICD-9 Code: \_\_\_\_\_

<p><b>Symptom Review</b>                  PTNS was prescribed for the patient's Overactive Bladder symptoms. The voiding diary and/or patient's symptoms were reviewed prior to the start of treatment.</p>	
<p>Patient Goals and Progress</p>	<p> <input type="checkbox"/> Reduced urgency  <input type="checkbox"/> Reduced frequency  <input type="checkbox"/> No accidents  <input type="checkbox"/> Sleep through night  <input type="checkbox"/> Void every ____ hours  <input type="checkbox"/> No leaks during intercourse  <input type="checkbox"/> _____                 </p>
<p>Related Health &amp; Social Factors</p>	<p> <input type="checkbox"/> Change _____  <input type="checkbox"/> No change                 </p>
<p>Caffeine #/day</p>	
<p>Alcohol #/day</p>	
<p>Daytime Voids #/day</p>	
<p>Night-time Voids #/night</p>	
<p>Urgency</p>	<p> <input type="checkbox"/> None    <input type="checkbox"/> Mild    <input type="checkbox"/> Strong    <input type="checkbox"/> Severe                 </p>
<p>Incontinence Episodes #/day</p>	
<p>Treatment Plan/Comments</p>	<p> <input type="checkbox"/> Reduce fluids  <input type="checkbox"/> Increase fluids  <input type="checkbox"/> Reduce caffeine  <input type="checkbox"/> Urge reduction techniques  <input type="checkbox"/> Kegels  <input type="checkbox"/> Toilet every ____ hours  <input type="checkbox"/> No fluids before bed  <input type="checkbox"/> _____                 </p>
<p><b>PTNS Treatment</b>                  The needle electrode was inserted into the lower, inner aspect of patient's leg. The surface electrode was placed on the inside arch of the foot on the treatment leg. The lead set was connected to the stimulator, and the needle electrode clip was connected to the needle electrode. The stimulator that produces an adjustable electrical pulse that travels to the sacral nerve plexus via the tibial nerve was increased until a patient response was observed.</p>	
<p>Ankle Used</p>	<p> <input type="checkbox"/> Right    <input type="checkbox"/> Left                 </p>
<p>Treatment Setting</p>	
<p>Feeling/Response</p>	<p> <input type="checkbox"/> Toe flex    <input type="checkbox"/> Sensory    <input type="checkbox"/> Both                 </p>