

Treatment Overview for Percutaneous Tibial Nerve Stimulation (PTNS)



Treatment set-up

- You will sit in a chair with your treatment leg elevated
- You may be treated with a group of other PTNS patients, at your clinician's recommendation
- Your clinician 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 clinician 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 clinician know if the sensation is too strong or if you're sitting position is uncomfortable

Receive treatment

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

After treatment

- The Stimulator will beep upon the completion of the treatment session
- Your clinician 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
- If you respond, it is likely that you will need treatment (~monthly) to sustain results

If you have any questions, please discuss them with your clinician.

**Informed Consent for
Percutaneous Tibial Nerve Stimulation (PTNS)**

What is PTNS?

Percutaneous Tibial Nerve Stimulation is a treatment for overactive bladder and associated symptoms of urinary urgency, urinary frequency and urge incontinence. Other treatment options include behavior modification, pelvic muscle strengthening, drug therapy and surgery.

Using the Urgent® PC Neuromodulation System to deliver treatment, a small, slim needle electrode will be temporarily inserted near your ankle and 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 function.

Treatment: 12 initial, 30-minute treatments scheduled a week apart. Patients who respond to initial treatment usually need refresher treatments (~monthly) to sustain results.

Risks: Potential side effects associated with Urgent PC treatment include discomfort and pain (including throbbing pain) near the stimulation site, redness/inflammation at or near the stimulation site, local bleeding, toe numbness or stomach ache.

Contraindications: Treatment with the Urgent PC Neuromodulation System is contraindicated for individuals with pacemakers or implantable defibrillators, individuals prone to excessive bleeding, individuals with nerve damage that could impact either percutaneous tibial nerve or pelvic floor function or women who are pregnant or planning to become pregnant during the duration of the treatment.

.....
Please check the following boxes to indicate that you have read, understood and agree with the following statements. If you have any questions, please discuss them with your clinician.

- I certify that my clinician 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 understand that PTNS is part of an overall treatment plan and I agree to continue all prescribed therapies, such as behavioral interventions, and complete voiding diaries as instructed.
- If recommended, I agree to be treated in a group setting with other PTNS patients.
- I understand PTNS is a gradual treatment and often takes 6-12 weeks to see results. If I do see positive results, I will likely need (~monthly) treatment to sustain these results. I also understand that my insurance may influence the schedule for both my initial and refresher treatments.
- 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 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 or Guardian Signature

Date

Name (print) _____

Provider Signature

Date

Witness Signature

Date