



## Factsheet: Percutaneous Tibial Nerve Stimulation for Faecal Incontinence

Faecal incontinence is when a person loses the ability to control their bowel movements, resulting in leakage of faeces. Faecal incontinence has many different causes. It can be distressing and can severely affect everyday life.

Initial treatment for faecal incontinence usually includes dietary management and medication to stop diarrhoea. This may be followed by pelvic floor muscle training and anal sphincter training. If these are not successful then tibial nerve stimulation may be offered in a specialist treatment centre.

Percutaneous tibial nerve stimulation (PTNS) is a new treatment which can improve symptoms in patients who have faecal incontinence by stimulating the sacral nerves that regulate bladder and bowel function. In doing so the ability to defer defaecation improves, resulting in a decrease in episodes of incontinence.

The advantage of PTNS is that it can be given in the outpatient clinic and is a non surgical technique.

### Who can have the treatment?

PTNS can be offered to people who have not had any benefit from conservative treatments including lifestyle and dietary changes, medication such as loperamide, antimotility and bulking agents such as loperamide or ispaghula husk, pelvic floor and anal sphincter exercises and biofeedback.

People with faecal incontinence due to anal sphincter disruption or pudendal nerve dysfunction following childbirth or surgery and also those with faecal incontinence after pelvic radiotherapy may be suitable for treatment with PTNS.

If you have active sciatica you may not be able to have the treatment. This also applies to pregnant women, those with a pacemaker or implanted defibrillator, those who have a tendency to bleed excessively and people with peripheral nerve damage (foot numbness) or circulatory problems such as Raynaud's syndrome.

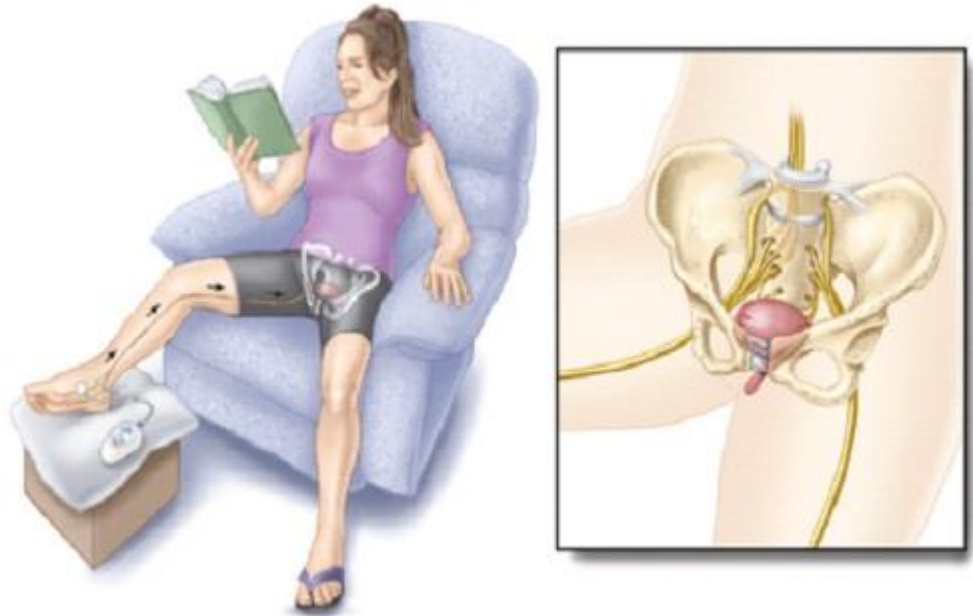
## What does the treatment involve?

You will typically receive 12 half hour treatments, scheduled a week apart. If you respond to treatment you may need occasional treatments at a later date to sustain your results

To start the treatment, you will be asked to make yourself comfortable sitting up on a couch, or a comfortable chair with the feet elevated on a low stool, so that the inner aspect of the ankle is easily accessible.

The nurse then locates a suitable site to insert the very fine needle electrode (similar to an acupuncture needle), selecting a spot that is about three finger breadths above the outer ankle bone. A gentle tap enables the needle to penetrate the skin and it is then advanced a little further.

Once this is done, the needle electrode is connected to the lead wire, a surface electrode on a sticky pad placed under the arch of the foot, and then the wire is connected to the stimulator. The current is gradually increased until a sensory response is felt (a tingling sensation under the foot or extending to the heel) or a motor response (the toes flex). After this test phase, the treatment is given at a comfortable level for 30 minutes, when the stimulator will automatically switch off. Patients have often described the treatment as 'like having pins and needles'. At the end of the session the electrodes are removed and there are no after effects, although the tingling feeling can occasionally remain for up to half an hour.



As the treatments are cumulative, you are unlikely to have any improvement in symptoms until at least 6 – 8 sessions have been completed.

## Are there any side effects?

Following a course of treatment with PTNS, symptoms will either improve or stay the same. It has very few side effects. They include discomfort, a burning sensation, or skin reddening at the site of the needle insertion. Occasionally there will be some slight bleeding when the needle is withdrawn, but this stops with the application of gentle pressure, a plaster is not required.

## What if PTNS does not work?

PTNS is not effective for everybody, but in recent years, the management of faecal incontinence has improved. There are more Specialist Nurses, Continence Advisors and Doctors who have a special interest in functional bowel problems and the range of treatments has extended. NICE has recently approved the use of injectable bulking agents which increase the strength of a damaged anal sphincter and this procedure is carried out under a local anaesthetic. Sacral nerve stimulation is now an established surgical treatment, carried out across the country as a day case procedure. With the range of options now available, it is possible for faecal incontinence to be effectively treated in the majority of people without the need for major surgery. The first step is to disclose the problem to the GP, who will be able to make an appropriate referral for assessment to determine the most appropriate treatment.

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email [help@bladderandbowelfoundation.org](mailto:help@bladderandbowelfoundation.org) or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

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