

# Sacral Neuromodulation (Bladder/Bowel Pacemaker)

WARWIKI

Patient Information · An implanted device that steadies bladder and bowel control

Sacral neuromodulation (SNM) is a small implanted device — sometimes called a “bladder pacemaker” — that gently stimulates the **sacral nerves** near the tailbone, which control the bladder and bowel. It is used for overactive bladder, certain types of urinary retention, and accidental bowel leakage when other treatments haven’t worked. A unique strength is that you **test it first** before committing.

## How It Works

The sacral nerves carry signals between the bladder/bowel and the brain. SNM delivers **mild electrical pulses** that help normalize those signals — calming urgency and leakage, or helping a bladder that won’t empty. You control it with a handheld remote.

## What It Treats

- **Overactive bladder** (urgency, frequency, urge leakage) not helped by other treatments
- **Non-obstructive urinary retention** (a bladder that won’t empty)
- **Accidental bowel leakage** (fecal incontinence)

### LEARN THE TERMS

#### Sacral nerves

Nerves near the tailbone that control the bladder and bowel.

#### Neuromodulation

Using gentle electrical pulses to steady nerve signals.

#### Test (staged) phase

A trial with a temporary lead to see if it helps before implanting.

#### Generator (IPG)

The small battery device implanted under the skin of the upper buttock.

#### Lead

The thin wire that delivers the stimulation to the nerve.

#### Remote

A handheld controller to adjust or pause the device.

**HOW DO I KNOW IF IT WILL WORK FOR ME?** That's the best part — you **try it before you commit**. A thin temporary wire is placed and you track your symptoms for about 1–2 weeks. Only if it clearly helps (about half-or-better improvement) do you move on to the small permanent implant.

## How It's Done (Two Steps)

- 1 Test phase:** a thin lead is placed near a sacral nerve (a minor procedure); you keep a diary for 1–2 weeks to measure improvement.
- 2 Implant:** if the test works, a small **generator** is placed under the skin of the upper buttock and connected to a lead — an outpatient procedure.
- 3** You use a **remote** to adjust the settings your team programs.

## After

- Mild soreness at the site for a few days; avoid heavy activity briefly.
- The battery lasts years (rechargeable or replaceable); newer devices are **MRI-conditional** — tell any imaging team you have one.

### Call your team if you have:

- Redness, swelling, drainage, or fever (possible infection)
- New or worsening pain at the device site
- A **sudden loss of benefit** or uncomfortable stimulation

## Good to Know

- The device can be **turned off or removed** if needed.
- Because you test first, most people who get the implant are confident it helps them.

### THREE THINGS TO REMEMBER

- SNM is a small implanted “pacemaker” for the bladder and bowel, for overactive bladder, retention, or bowel leakage when other care fails.
- You **test it first** for 1–2 weeks; only if it clearly helps do you get the permanent implant.
- It's controlled by a remote and is reversible. Call for site infection, new pain, or a sudden loss of effect.