

The procedure will be performed once a week for 12 weeks. If after 12 weeks, the patient responds to the treatment, it may still be necessary to return for the occasional session to sustain these results.

Side effects

The potential side effects associated with PTNS treatments can include discomfort, pain and redness or inflammation near or at the needle site.

The procedure should not be painful, but the patient may feel some discomfort while the needle is inserted and while the current is increased.

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As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While your child is under our care, you may be approached about them taking part in research. To find out more please visit: www.uhbristol.nhs.uk/research-innovation or call the research and innovation team on 0117 342 0233.

For access to other patient leaflets and information please go to the following address:

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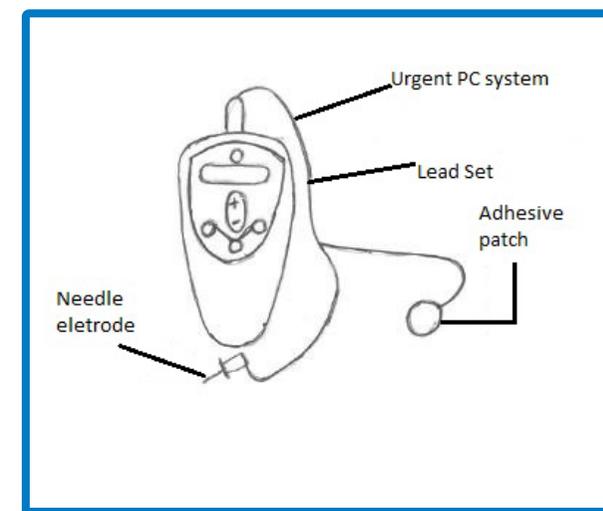


University Hospitals Bristol
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Patient information service

Department of Paediatric Urology

Percutaneous tibial nerve stimulation



Respecting everyone
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This is a picture of the Percutaneous tibial nerve stimulation (PTNS) machine used by the Urology Department at Bristol Royal Hospital for Children.



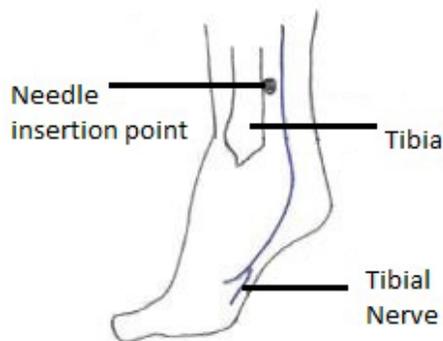
What is PTNS?

PTNS is a treatment for children who suffer from lower urinary tract dysfunctions (LUTD's), one of the most common problems affecting children. LUTD's include a wide range of conditions such as overactive bladder syndrome (OAB), voiding postponement, stress incontinence and dysfunctional voiding.

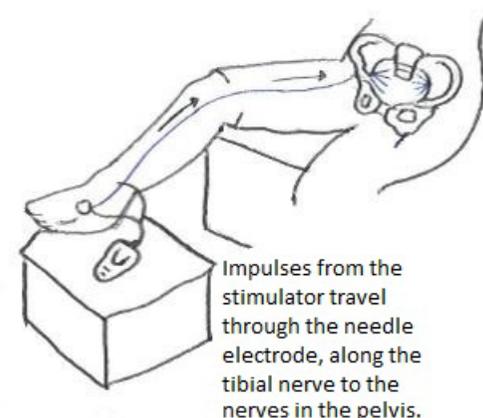
Bladder function is regulated by a group of nerves at the base of the spine called the sacral nerve plexus. The aim of the procedure is to re-train (reboot) the bladder by stimulating these nerves through gentle electrical impulses (neurostimulation).

What is involved?

The PTNS session involves the insertion of a small slim needle near the tibial nerve. The tibial nerve is positioned close to the medial malleolus (the inner part of the ankle bone).



The patient will be sat either in a comfortable chair with their leg raised, or sat on a bed. Their foot will be cleaned with an alcohol wipe, so the adhesive patch can stick securely. A needle is then positioned just below the medial malleolus, and an adhesive patch is placed on the sole of the foot.



An electrode is then connected to the needle, which is then connected to the stimulator. The stimulator is switched on and an electrical type current is sent down the electrode to the needle. The electrical current is increased slowly to a point at which the patient is comfortable. Once the appropriate setting has been confirmed, the machine will automatically set for 30 minutes.

During the 30 minute session the patient will be able to use an electronic tablet or read etc.

When the 30 minutes have finished the machine will automatically turn off, and the electrode, patch and needle will be removed.

The patient can then go home.