Post Operative Instructions (Interstim)

1. **Activity**: Return to normal activities as soon as desires. Avoid excessive bending or twisting for 4-8 weeks. No restrictions other than do not drive, operate machinery, or make important decisions for 24 hours after the administration of anesthesia.

2. **Bathing**: You may shower tomorrow. Do not let water hit your back directly. OK to wash back incision with soap and water once dressing removed. Pat dry. Do not soak or submerse in water. Do not apply any creams, ointments, salves to incisions. This may increase the risk of infection and prevent healing.

3. **Driving**: You may drive 24 hours after the administration of anesthesia or when off pain medications.

4. **Diet**: You may return to regular diet as soon as possible. No restrictions

5. **Medications**: Take all medicine prescribed as directed. Prescribed medications will be checked below.

- **Percocet** one to two pills every 4-6 hours as needed for severe pain (may cause nausea and constipation)
- **Nucynta** 50 mg one pill every 4-6 hours as needed for severe pain
- **Sprix** 15.75 mg one spray in nostril every 6 hours for pain and to keep down inflammation. Do not use past 5 days
- **Motrin** 600 mg every 6 hours for pain and to keep down inflammation. Take with food. (may cause stomach upset)
- **Vimovo** 375/20 mg one pill twice daily for pain and to keep down inflammation.
- **Flagyl** one pill daily until finished
- **Levaquin** one pill daily until finished
- **Augmentin** one pill twice a day until finished
- **Pyridium** one pill every 8 hours as needed for bladder irritation. Turns urine orange.
- **Urelle** or **Prosed DS** one pill every 6 hours as needed for bladder irritation. May need if you go home with a catheter. Turns urine blue.
4. **Constipation:** Surgery alone can cause constipation as can pain medications. You can avoid constipation by increasing your activity. The more you walk the more you will get your bowels to work properly. Stick with a high fiber (unless otherwise instructed by your doctor) diet and increase your fluid intake preferably water (64-96 oz a day). You may also use over the counter constipation products and combine them if necessary. Just make sure to drink a lot of fluids. You may try Milk of Magnesia, Maalox, Dulcolax suppositories, Glycerin Suppositories, Metamucil, Fleets phasasoda, or enemas. Stay away from Senekot or “senna” containing products: your body can become dependent on these.

5. **Fever:** A fever is any temperature above 100.4 F. Fever can be a normal reaction of your body to the stress of surgery. However, notify your doctor for temperatures above 101 F.

6. **If you are diabetic:** The stress of surgery may cause your sugars to increase. Pay close attention to your sugars and notify your endocrinologist or primary doctor if your sugars are running high.

7. **Dressing:**
   a. Leave dressing in place. If falls off notify doctor.

8. **Incisions:** Notify doctor if any redness that is spreading around incision, purulent drainage (thick whitish puss draining from incisions), or if incision opens up. It is normal to have some redness around incision but it should not be increasing in size or streaky. It is also normal to have some clear or bloody drainage from incisions. Once again, drainage should not be thick, white, milky, greenish, or yellow with a foul odor associated. Any questions please contact your doctor.

9. **Follow up appointments:** Call to make follow up appointment.
   You will need to be seen:
   _____ Prior to next surgery
   _____ Two- four weeks after surgery
   _____ If you have any problems or concerns
Options for Overactive Bladder:

1. Kegel Exercises and Pelvic Floor Exercises
   a. Increase strength of pelvic floor so that it is easier to hold in urine

2. Bladder Re-training
   a. Urinate every 15 minutes for 1 day. Increase to every 30 minutes the next day. Then increase to 45 minutes the next day. Increase to one hour the following day. Periodically increase timing so that bladder can learn to hold in more

3. Home Pelvic Physical Therapy with Trainer
   a. InTone Trainer: is a device you place into the vagina and will teach you how to do pelvic exercises and stimulates the muscle to improve strength
   b. Device costs $595. Some insurance companies will cover cost. Needs to be bought from the company and bill submitted to insurance
   c. If no results in 90 days of continued use, can get your money back

4. Pelvic Physical Therapy
   a. Evaluation and treatment with a pelvic physical therapist
   b. Usually 1-3 times a week for 12 weeks.

5. Acupuncture
   a. Acupuncture treatment to areas in the back, that can effect the functioning of the bladder

6. Medications
   a. Medication for overactive bladders. Many different ones on the market. They can cause dry mouth and constipation. They have to be taken daily for at least 30 days before effectiveness can be assessed

7. Percutaneous Tibial Nerve Stimulation: with the Urgent PC
   a. Treatments are once a week for 12 weeks
   b. An acupuncture-like needle is placed into the foot and attached to a stimulator device
   c. Stimulation of tibial nerve (a branch of the pelvic nerve) becomes desensitized over time and cuts down on over active bladder

8. Interstim: Sacral Stimulation
   a. A nerve test is performed in which a small needle is placed in the low back over the tail bone, and a wire is fed into the body near the nerves that control the bladder and pelvis. The wire hooks to a stimulator device that you wear externally during the trial.
   b. You try out the device for a number of days. If it helps, then the device is surgically placed under the skin to stimulate the bladder and pelvis to work properly.
   c. The batteries are good for approximately 5-7 years and then need to be replaced.

9. Botox injections into bladder
   a. Will discuss further as need after trial any of above treatments first.
Detrusor Instability and Hyperreflexia

Detrusor instability

Segmental (sacral) reflex contraction of detrusor muscle modulated by higher centers in cortex, basal ganglia, and pons.

Detrusor hyperreflexia

Segmental reflex arc escapes from higher control, resulting in involuntary detrusor contraction and urine loss.

Cerebrovascular accident

Parkinson disease

Multiple sclerosis

Diabetes mellitus

Neurologic lesions block effective modulation of reflex detrusor contraction by higher centers.

Urgency and urge incontinence typical of detrusor instability or hyperreflexia.

Cystometry documents involuntary detrusor contraction in bladder filling phase.
Lifestyle and Behavioral Changes

Improving Urinary Urgency, Frequency and Urge Incontinence

Manage your Fluid Intake

There is no scientific evidence that states we need eight 8 oz. glasses (64 oz.) of fluid every day. Remember, what goes in must come out! Many women, unless you exercise heavily or work in hot conditions can drink less than 64 oz. per day. In 2004, the Institutes of Medicine reported that most people meet their daily hydration needs by letting their thirst be their guide. You must also remember that we get additional fluids from our diets in the form of soups, stews, fruits, etc. It has been shown that we get as much as 20% of our daily fluids from our diet.

If you are used to drinking large amounts of fluids every day and you are bothered by how frequently you need to go to the bathroom, these suggestions may help you:

- Don’t carry a water bottle or large container of fluid around with you
- Use a smaller glass or cup
- Take small sips of fluids instead of large gulp
- If your mouth is dry, try sugar free gum or candy

Try spreading out fluids during the day instead of drinking large amounts at one time. This is especially important before leaving the house. If you get up to void more than 2 times per night, you should limit your drinking after dinner.

Avoid Fluids that can be Bladder Irritants

Some chemicals in our beverages can behave as diuretics and bladder irritants. If you are sensitive to these chemicals, they may cause you to make large amounts of urine or may aggravate bladder spasms resulting in a more frequent need to urinate. Some common bladder irritants include:

**Caffeine** – Try to stop or at least reduce your caffeinated beverages like coffee, tea, and cola to see if your bladder control improves. If you drink a lot of caffeine, you should taper down slowly to avoid a caffeine withdrawal headache.

**Artificial Sweeteners** – Beverages that contain artificial sweeteners like aspartame or saccharin can also be a bladder irritant. Diet Pepsi, Mountain Dew or Coke then would be especially problematic because of the artificial sweetener and the caffeine.

**Citrus juices** – Some people find that juices like orange or grapefruit juice can also irritate their bladder. Although there are no scientific studies to prove this, the best thing to do is to stop the suspected irritant for a week or two and see if it makes a difference.
Void on a Schedule
Sometimes, the message that the bladder is full comes without warning and often too late. In these cases, women find that they lose urine on the way to the bathroom. There isn't enough time between the message and their ability to get to the bathroom before they start to leak. Voiding on a schedule, also referred to as “Timed Voids” may help prevent these leaking episodes. It is exactly what it sounds like. You urinate on a schedule, sometimes even when you don’t feel like you have to so that you are not caught off guard. Completing a Bladder diary helps to determine when you usually leak and what is a reasonable period of time between trips to the bathroom. Slowly, you can stretch the time between trip to the bathroom until you are voiding every 3 or 4 hours. Often times women find that keeping a bladder diary helps them be more consistent with their schedule. Your doctor or health care clinician can help you determine your best schedule if you are having a difficult time figuring it out.

Strengthen your Pelvic Floor Muscles with Kegel Exercise
Most bladder control problems are caused by weak pelvic muscles. These pelvic floor muscles attach to the bones of the pelvis in a way that creates a trampoline of support for the pelvic organs. These muscles help prevent urine leakage. Pregnancy, childbirth, increasing age all weaken the muscles of the pelvic floor. Exercising the pelvic floor muscles can strengthen the pelvic muscles and improve bladder control. Identifying the correct muscles to exercise is important. These are the same muscles you would use to hold back gas or to stop the flow of urine midstream. Your doctor or nurse can help make sure that you are contracting the right muscles. Once you have correctly identified the muscles, you contract and hold the squeeze for a few seconds and then completely relax the muscles before the next squeeze. For more detailed instruction on how to perform pelvic muscle exercises, visit www.mypelvichealth.org, Tools for Patients, Kegel Exercises Instruction Sheet. Expect that it will take about 6 to 8 weeks of exercising before you notice that you have fewer leaks and more bladder control.

Urge Suppression Strategies – “Freeze and Squeeze”
If you have trouble reaching the bathroom before you start losing urine, we recommend trying this technique. When you get the urge to urinate:
• Stop and stay still, sit down if you can
• Squeeze your pelvic floor muscles quickly 3 to 5 times; repeat as needed
• Relax the rest of your body and take a deep breath
• Concentrate on suppressing the urge
• Distract yourself to get your mind on something else
• Wait until the urge subsides, then walk to the bathroom at a normal pace
• Don’t ignore the message
Bladder Training
Once you have mastered the Urge Suppression technique, you can now train your bladder to increase the time between the initial urge and the time you actually void. Simply follow the Urge Suppression technique, but instead of walking calmly to the bathroom at your normal pace, you will wait a few minutes before voiding. At first you may only be able to postpone voiding by 1 minute, but keep trying to increase the interval between the initial urge and the time you actually void until you are only voiding every 3 to 4 hours. Like any new technique, this takes practice and time to master, so we recommend trying this at home initially until you become more successful.

Weight Loss
Being overweight puts extra pressure on your bladder. Weight loss will relieve some of that pressure and will help you regain your bladder control.
Pelvic Floor Muscle Strengthening

Helpful Instructions for Doing Kegel Exercises

Kegel exercises are frequently discussed in childbirth classes or written about in magazine articles. Unfortunately, because pelvic muscles are hidden from view, it is difficult to know if you are doing them correctly. Some tips that can help you find the right muscles include:

- Try to stop your urinary stream. If you succeed then you have identified the right muscles to exercise. This is a learning tool. Do not stop your urine frequently as there is concern that this may create problems with bladder emptying.
- Imagine you are going to pass gas, then, squeeze the muscles that would prevent that gas from escaping from your rectum. Exercising the muscles around the rectum will also strengthen those around the vagina and under the bladder.
- Use a hand mirror to look at your vaginal opening and the perineum (the muscle wall between the vagina and rectum). You should see the perineum lift up when you contract your pelvic muscles.
- While lying or sitting, place one finger inside your vagina. Squeeze as if you were trying to stop urine from coming out. You should feel your finger lifted and squeezed if you are correctly contracting your pelvic muscles.
- Do not hold your breath while exercising.
- Remember not to tighten your stomach and back muscles or squeeze your legs together. These should be relaxed as you isolate and contract just your pelvic muscles.
- You don’t have to do this alone! If you are just not sure that you are doing the exercises correctly ask your doctor or their nurse at a pelvic exam to check if your squeeze is working the right muscles.
- GET A PERSONAL TRAINER FOR YOUR PELVIC FLOOR! Ask your doctor for a referral to a physical therapist with expertise in pelvic floor muscle rehabilitation. They are trained to evaluate your back and abdominal strength, your gait and your posture. These all effect how your pelvic muscles work.

Recommended Routine

- Start by pulling in and holding a pelvic muscle squeeze for 3 seconds then relax for an equal amount of time (3 seconds).
- Do this for 10 repetitions three times a day.
- Increase your contraction hold by 1 second each week until you are contracting for a 10 second squeeze.
- Remember to rest and breathe between contractions.
- When you start, do the exercises while lying down. As you get stronger, do an exercise set sitting and standing.
LIFE IMPACT TRACKER FOR OVERACTIVE BLADDER (OAB)

OAB CAN AFFECT QUALITY OF LIFE.

OAB is one of the most common chronic conditions affecting women in the U.S. Studies show that its psychosocial, economic, psychological and physical impact extends into every area of daily living.

Tracking individual symptoms is only one piece of the total OAB picture for a woman’s life – having a greater understanding about how OAB impacts your life over time is also powerful information.

Use the charts below to gauge how you may be living your life differently as a result of OAB. This tool can help you start a conversation with your doctor.

The charts include several “starter” activities for you to track your symptoms and document the ways you try to cope right now.

How often does OAB cause you to avoid the following activities?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Never</th>
<th>Notes/Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercising?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traveling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going out with friends?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having sex?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going to work?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How often does your OAB cause you to feel?  

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Never</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embarrassed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angry?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frustrated?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MSD Consumer Care, Inc, a subsidiary of Merck & Co., Inc has paid for the overactive bladder portion of this program to be developed and provided to you and has provided editorial input on this program.
TALK TO YOUR DOCTOR ABOUT YOUR OVERACTIVE BLADDER (OAB).

BOTOX® (onabotulinumtoxinA) IS NOW FDA APPROVED TO TREAT OVERACTIVE BLADDER SYMPTOMS SUCH AS A STRONG NEED TO URINATE WITH LEAKING OR WETTING ACCIDENTS, A STRONG NEED TO URINATE RIGHT AWAY, AND URINATING OFTEN IN ADULTS WHEN ANOTHER TYPE OF MEDICINE (ANTICHOLINERGIC) DOES NOT WORK WELL ENOUGH OR CANNOT BE TAKEN.

ASK YOUR DOCTOR ABOUT BOTOX® TODAY OR GO TO BOTOXforOAB.com TO FIND A DOCTOR.

IMPORTANT SAFETY INFORMATION
BOTOX® may cause serious side effects that can be life threatening. Call your doctor or get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®:

• Problems swallowing, speaking, or breathing, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months
• Spread of toxin effects. The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice (dysphonia), trouble saying words clearly (dysarthria), loss of bladder control, trouble breathing, trouble swallowing. If this happens, do not drive a car, operate machinery, or do other dangerous activities

Please see additional Important Safety Information inside and accompanying full Product Information including BOXED WARNING and Medication Guide.
THINKING ABOUT BOTOX® (onabotulinumtoxinA)?

Your insurance, including Medicare, will usually cover most of the cost of the BOTOX® procedure. To determine your out-of-pocket cost, you can either call your insurance company to verify coverage and/or work with your Urologist's office staff.

GET HELP WITH TREATMENT COSTS AND YOUR OUT-OF-POCKET EXPENSES.

The BOTOX® Partnership for Access Rebate Program—provides rebate cards to help qualified patients meet their BOTOX® out-of-pocket expenses. Learn more by visiting https://pfa.botoxreimbursement.us/.

*Restrictions apply. Please see the full Eligibility Rules for more details.

IMPORTANT SAFETY INFORMATION CONT.

Other side effects of BOTOX® include: dry mouth, discomfort or pain at the injection site, tiredness, headache, neck pain, and eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes. In people being treated for urinary incontinence, other side effects include: urinary tract infection, painful urination, and/or inability to empty your bladder on your own. If you have difficulty fully emptying your bladder after receiving BOTOX®, you may need to use disposable self-catheters to empty your bladder up to a few times each day until your bladder is able to start emptying again.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088. Please see accompanying full Product Information including BOXED WARNING and Medication Guide.
WHY ASK ABOUT BOTOX® (onabotulinumtoxinA)?

If you have OAB and have tried other medications, but found that they didn’t work well enough for you or that you couldn't tolerate the side effects, consider BOTOX®. BOTOX®, now FDA-approved, is inserted directly into your bladder to treat OAB symptoms such as a strong need to urinate with leaking or wetting accidents (urge urinary incontinence), a strong need to urinate right away (urgency), and urinating often (frequency) in adults 18 years and older.

WHAT SHOULD I EXPECT WITH BOTOX®?

BOTOX® treatment helps prevent the chemical messenger acetylcholine from signaling the bladder muscle. This reduces the overactivity of the bladder muscle and can help:

- Reduce daily leakage episodes
- Reduce the number of times that you need to empty your bladder daily
- Increase the volume that you are able to void when you do urinate

WHAT DOES A BOTOX® PROCEDURE ENTAIL?

- Your doctor will access your bladder through your urethra — the tube that you urinate through. You’ll be given a local anesthetic to numb your bladder, maybe in combination with a sedative to keep you calm during the procedure.
- A tube called a cystoscope, which is commonly used by urologists to access the bladder, will then be inserted in the urethra. A small caliber needle is inserted through the cystoscope and is used to inject BOTOX® across areas of your bladder.

BOTOX® (onabotulinumtoxinA) Indication

BOTOX® is a prescription medicine that is injected into the bladder muscle and used to treat overactive bladder symptoms such as a strong need to urinate with leaking or wetting accidents, a strong need to urinate right away, and urinating often, in adults when another type of medicine (anticholinergic) does not work well enough or cannot be taken.

IMPORTANT SAFETY INFORMATION CONT.

Do not take BOTOX® if you:
- are allergic to any of the ingredients in BOTOX® (see Medication Guide for ingredients);
- had an allergic reaction to any other botulinum toxin product such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA);
- have a skin infection at the planned injection site.

Do not take BOTOX® for the treatment of urinary incontinence if you:
- have a urinary tract infection (UTI) or cannot empty your bladder on your own and are not routinely catheterizing.

Due to the risk of urinary retention (not being able to empty the bladder), only patients who are willing and/or able to initiate catheterization post-treatment, if required, should be considered for treatment. Tell your doctor if you cannot empty your bladder on your own as catheterization may be required.

In clinical trials, 6.5% of patients (36/552) initiated clean intermittent catheterization for urinary retention following treatment with BOTOX® 100 Units as compared to 0.4% of patients (2/542) treated with placebo. The median duration of catheterization for these patients treated with BOTOX® 100 Units was 63 days (minimum 1 day to maximum 214 days) as compared to a median duration of 11 days (minimum 3 days to maximum 18 days) for patients receiving placebo.

Patients with diabetes mellitus treated with BOTOX® were more likely to develop urinary retention than non-diabetics.

Continued on following pages
In treating overactive bladder (OAB), the most common adverse reactions with BOTOX® (onabotulinumtoxinA) are urinary tract infection (18%), dysuria (9%), which means painful or difficult urination, and urinary retention (6%), which means not being able to fully empty the bladder. See the section called “What about the risk of retention?” for more information on urinary retention.

This is not a complete list of side effects. For a complete list, see the accompanying Medication Guide. In addition, see the Important Safety Information throughout this brochure. Please talk with your physician about any additional concerns you may have.

If you are not happy with the results after 12 weeks, talk to your doctor. Again, it is not permanent. If not re-injected BOTOX® eventually does wear off.

IMPORTANT SAFETY INFORMATION CONT.

The dose of BOTOX® is not the same as, or comparable to, another botulinum toxin product.

Serious and/or immediate allergic reactions have been reported. These reactions include itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Tell your doctor or get medical help right away if you experience any such symptoms; further injection of BOTOX® should be discontinued.
IMPORTANT SAFETY INFORMATION CONT.

Tell your doctor about all your muscle or nerve conditions such as amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease), myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including severe dysphagia (difficulty swallowing) and respiratory compromise (difficulty breathing) from typical doses of BOTOX® (onabotulinumtoxinA).

Human albumin and spread of viral diseases. BOTOX® contains albumin, a protein component of human blood. The potential risk of spreading viral diseases (eg, Creutzfeldt-Jakob disease [CJD]) via human serum albumin is extremely rare. No cases of viral diseases or CJD have ever been reported in association with human serum albumin.

Tell your doctor about all your medical conditions, including if you: have or have had bleeding problems; have plans to have surgery; had surgery on your face; weakness of forehead muscles; such as trouble raising your eyebrows; drooping eyelids; any other abnormal facial change; have symptoms of a urinary tract infection (UTI) and are being treated for urinary incontinence. Symptoms of a urinary tract infection may include pain or burning with urination, frequent urination, or fever; have problems emptying your bladder on your own and are being treated for urinary incontinence; are pregnant or plan to become pregnant (it is not known if BOTOX® (onabotulinumtoxinA) can harm your unborn baby); are breastfeeding or plan to breastfeed (it is not known if BOTOX® passes into breast milk).

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal products. Using BOTOX® with certain other medicines may cause serious side effects. Do not start any new medicines until you have told your doctor that you have received BOTOX® in the past.

Especially tell your doctor if you: have received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as Myobloc®, Dysport®, or Xeomin® in the past (be sure your doctor knows exactly which product you received); have recently received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take anti-platelets (aspirin-like products) or anti-coagulants (blood thinners).

Please see additional Important Safety Information throughout this brochure and accompanying full Product Information including BOXED WARNING and Medication Guide.
Treatment Overview for
Percutaneous Tibial Nerve Stimulation (PTNS)

Treatment set-up
• You will sit in a chair with your treatment leg elevated
• Your clinician will
  o Clean your ankle and arch on the treatment leg
  o Insert a thin needle electrode above your ankle
  o Attach a grounding pad to the arch of your foot
  o 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 your sitting position is uncomfortable

Receive treatment
• The Stimulator will deliver 30 minutes of therapy
• You can read, or 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
• You may need to return periodically to maintain your 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 the PTNS treatment, a small, slim needle electrode will be temporarily inserted near the tibial nerve and the needle electrode 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: Each treatment will last approximately 30 minutes. I will receive an initial series of 12 treatments, typically scheduled a week apart. If I respond to treatment, I may need occasional treatments to sustain my results.

Risks: Potential side effects associated with PTNS treatments include discomfort and pain (including throbbing pain) near the stimulation site, redness/inflammation at or near the stimulation site, 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 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 _______________


0520070E 02/11
# Symptom Tracker

**Patient Name:**

**Date:**

**PRE or POST**

<table>
<thead>
<tr>
<th>DAY</th>
<th>Did You Void or Leak?</th>
<th>Was the Amount...</th>
<th>How Badly Did You Need to Go?</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAY</th>
<th>Did You Void or Leak?</th>
<th>Was the Amount...</th>
<th>How Badly Did You Need to Go?</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Void, Leak</th>
<th>Slight, Moderate, Heavy</th>
<th>Slight, Moderate, Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 am</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Void, Leak</th>
<th>Slight, Moderate, Heavy</th>
<th>Slight, Moderate, Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 am</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many times did you change pads today? Did you change your clothes due to leaking? YES or NO.

Were there any social events you chose not to attend today?

How bothersome were your symptoms today? A little, Somewhat, A lot.
<table>
<thead>
<tr>
<th>Time</th>
<th>Void or Leak</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 am</td>
<td>Slight</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Slight</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many times did you change pads today? ____________ Did you change your clothes due to leaking? YES or NO

Were there any social events you chose not to attend today?

How bothersome were your symptoms today? A little Somewhat A lot

---

<table>
<thead>
<tr>
<th>Time</th>
<th>Void or Leak</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 am</td>
<td>Slight</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Slight</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many times did you change pads today? ____________ Did you change your clothes due to leaking? YES or NO

Were there any social events you chose not to attend today?

How bothersome were your symptoms today? A little Somewhat A lot

---

Medtronic Neuramodulation
740 Medtronic Parkway, Minneapolis, MN 55432, USA
Tel: 763.505.2000, Toll-free 1.800.328.9010
Imagine Everyday Freedom
YOU HAVE CHOICES.

Your trial evaluation is scheduled for:
There is hope for relief.

Finding relief from bladder control problems can be a long journey. InterStim Therapy is an option for patients who have not had success with, or could not tolerate, more conservative treatments for overactive bladder or urinary retention.

Because the therapies we have tried so far have not provided satisfactory results, you may consider the InterStim Therapy trial assessment.

InterStim Therapy is a proven neuromodulation therapy that targets the communication problem between the brain and the nerves that control the bladder.

If those nerves are not communicating correctly, the bladder will not function properly.

The InterStim system uses an external device during a trial assessment period and an internal device for long-term therapy.

Talk to your doctor about a trial assessment to determine if long-term InterStim Therapy may be right for you.

To learn more about the trial assessment, visit: www.everyday-freedom.com/trial

Important Safety Information About InterStim Therapy

InterStim Therapy for Urinary Control treats urinary retention (inability to completely empty the bladder) and the symptoms of overactive bladder, including urinary urge incontinence (leakage) and significant symptoms of urgency-frequency. It should be used after you have tried other treatments such as medications and behavioral therapy and they have not worked, or you could not tolerate them.

You should have a successful trial assessment before receiving InterStim Therapy. You cannot have diathermy (deep heat treatment from electromagnetic energy) if you have an Interstim device.

InterStim Therapy is not intended for patients with a urinary blockage. Safety and effectiveness have not been established for pregnancy and delivery; patients under the age of 16; or for patients with neurological diseases such as multiple sclerosis.

In addition to risks related to surgery, complications can include pain at the implant sites, new pain, infection, lead (thin wire) movement/migration, device problems, interactions with certain other devices or diagnostic equipment such as MRI, undesirable changes in urinary or bowel function, and uncomfortable stimulation (sometimes described as a jolting or shocking feeling).

This therapy is not for everyone. Please consult your physician to decide whether InterStim Therapy is right for you. A prescription is required. For further information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic's website at www.medtronic.com.

USA Rx Only, Rev 0110

www.medtronic.com
The IC-Smart Diet

Many people with interstitial cystitis (IC) find that simple changes in their diet can help to control IC symptoms and avoid IC flare-ups. Typically, avoiding foods high in acid and potassium—as well as beverages containing caffeine and alcohol—is a good idea. This helpful guide can help you make “IC-Smart” meal choices. Keep it handy for easy reference when dining out or when preparing meals at home.

### Fruits

**Allowable:**
- Bananas, coconuts, dates, blueberries, melons (except cantaloupe), and pears

**Avoid:**
- All other fruits and juices

### Vegetables

**Allowable:**
- Homegrown tomatoes and many vegetables (except those listed below)

**Avoid:**
- Store-bought tomatoes, onions, tofu, soybeans, lima beans, and fava beans

### Milk/Dairy

**Allowable:**
- Milk, American cheese, cottage cheese, frozen yogurt, and white chocolate

**Avoid:**
- Yogurt, sour cream, soy milk/cheese, aged cheeses, and chocolate

### Meats/Fish

**Allowable:**
- Poultry, fish, and some meats (except those listed below)

**Avoid:**
- Aged, canned, cured, processed or smoked meats/fish; anchovies; caviar; chicken livers; corned beef; and meats that contain nitrates or nitrites

### Nuts/Oils

**Allowable:**
- Most oils, almonds, cashews, and pine nuts

**Avoid:**
- Most other nuts

### Beverages

**Allowable:**
- Bottled or spring water; decaffeinated, acid-free coffee or tea; some herbal teas; flat soda

**Avoid:**
- Alcoholic beverages, including beer and wine; carbonated drinks, such as soda; coffee and tea; and fruit juices, especially citrus and cranberry

### Seasonings

**Allowable:**
- Garlic and some other seasonings (except those listed below)

**Avoid:**
- Mayonnaise, miso, soy sauce, salad dressing, vinegar, and spicy foods (especially Chinese, Mexican, Indian, and Thai foods)

### Carbohydrates/Grains

**Allowable:**
- Pasta, rice, potatoes, and some breads (except those listed below)

**Avoid:**
- Rye and sourdough breads

### Preservatives

**Avoid:**
- Benzyl alcohol; citric acid; monosodium glutamate (MSG); aspartame (NutraSweet*); saccharin; and foods containing preservatives, artificial ingredients/colors
Dining Out: The I-G-Smart Way

Call ahead

Before making plans to eat at a restaurant, it's a good idea to call ahead and ask about the menu. This will enable you to enjoy your meal and feel good afterward, too!

When ordering your meal

- Ask questions
  - Ask your waiter what spices are used in particular dishes
  - If you are unsure of an ingredient, ask what it is
- Modify your selection
  - It's your meal—don't be afraid to specify how you would like it prepared
  - When ordering a salad, tell the waiter no tomatoes or onions
  - Substitute a plain baked potato for a spicy rice combination
  - Ask for salad dressings and other possible “trigger” items to be served “on the side”
- Be careful with ethnic foods
  - Many ethnic foods contain spices that you may be unfamiliar with
- Know your “I-G-Smart” menu choices
  - Most restaurants offer plain (not marinated) steak and chicken
  - Some chain restaurant foods may contain preservatives when sold in the grocery store