

Transcutaneous Tibial Nerve Stimulation (TTNS)

Information Sheet & Acknowledgement

Am I a candidate for TTNS therapy?

- It is a home treatment option for patients with overactive bladder and associated symptoms of urinary urgency, frequency, urge incontinence, fecal incontinence, pelvic pain and urinary retention.
- This treatment is only intended for patients who have already received in office PTNS treatments.
- It is NOT for patients with the following conditions:
 - Pacemakers, implantable defibrillators or devices, or brain stimulators
 - Patients with nerve damage
 - Patients who are pregnant or plan to become pregnant during treatment

What can I expect?

- You will meet with an RN to review the unit, set up, care, and instructions.
- During this appointment, you will also complete a symptom questionnaire to record your level of symptoms before starting home treatment.
- Your symptoms will be reassessed at timed intervals throughout your program.
- If at any time you believe your symptoms are worsening, please contact your care team or provider to discuss.

How is it done?

- Two small electrodes (stickers) will be temporarily placed near your ankle and then connected to a battery powered transcutaneous nerve stimulator, also called a TENS unit.
- The impulses will travel through the tibial nerve to nerves in the pelvis that control bladder and pelvic function.

Treatment duration

- Treatments may be performed on a daily to monthly basis, as prescribed by your provider.
- Each treatment will last about 30 minutes.
- You can continue with home therapy for as long as you feel your symptoms are adequately controlled.
- Again, if you do not believe the treatment is working, please contact your provider for instructions.

To participate in home treatment, I agree to the following:

- I do not have a pacemaker, defibrillator, or any implantable electronic device or brain stimulator.
- I am not pregnant.
- I acknowledge there is no guarantee of success in improving symptoms.
- I have received instructions on how to apply the unit to myself.
- I will stop this program and contact my doctor for further instructions if I undergo surgery for an implantable device, become pregnant, or wish to stop this therapy.

Patient Name/MRN

Signature

Date

Witness Name

Witness Signature

Date