



# Patient Management Worksheet

FOR BLADDER CONTROL & BOWEL CONTROL

For Provider and Field Use Only

Patient Name: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Lead Location (check box):  Left  Right

INS Location (check box):  Left  Right

**Reminder:** Programming decisions are the responsibility of the clinician and are based on the ability to establish settings that will provide optimal patient symptom relief, minimize patient discomfort, and maintain neurostimulator battery life to the best possible extent.

The Manage-by-Fact configurations provide a range of electrical stimulation fields. A systematic assessment of patient response to these configurations may help facilitate optimum program settings.

| Electrode               | 0   | 1   | 2   | 3   |
|-------------------------|---|---|---|---|
| Active Electrodes in OR | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Threshold               |   |   |   |   |

| PRE-IMPLANT EVALUATION       |          |            |               | PATIENT PROGRAMMER PROGRAM NUMBER |    |    |    |    |    |    |  |  |
|------------------------------|----------|------------|---------------|-----------------------------------|----|----|----|----|----|----|--|--|
|                              | BASELINE | BASIC EVAL | ADVANCED EVAL | P1                                | P2 | P3 | P4 | P5 | P6 | P7 |  |  |
| CONFIGURATION NAME           |          |            |               |                                   |    |    |    |    |    |    |  |  |
| DATE                         |          |            |               |                                   |    |    |    |    |    |    |  |  |
| AMPLITUDE                    |          |            |               |                                   |    |    |    |    |    |    |  |  |
| <b>BLADDER SYMPTOM DIARY</b> |          |            |               |                                   |    |    |    |    |    |    |  |  |
| # VOIDS/DAY                  |          |            |               |                                   |    |    |    |    |    |    |  |  |
| # VOIDS/NIGHT                |          |            |               |                                   |    |    |    |    |    |    |  |  |
| URGENCY (1-5)                |          |            |               |                                   |    |    |    |    |    |    |  |  |
| # LEAKS/DAY                  |          |            |               |                                   |    |    |    |    |    |    |  |  |
| # PADS/DAY                   |          |            |               |                                   |    |    |    |    |    |    |  |  |
| # CATHS/DAY                  |          |            |               |                                   |    |    |    |    |    |    |  |  |
| VOIDED VOLUME                |          |            |               |                                   |    |    |    |    |    |    |  |  |
| CATHED VOLUME (or PVR)       |          |            |               |                                   |    |    |    |    |    |    |  |  |
| <b>BOWEL SYMPTOM DIARY</b>   |          |            |               |                                   |    |    |    |    |    |    |  |  |
| # EPISODES/DAY               |          |            |               |                                   |    |    |    |    |    |    |  |  |
| # EDISODES/NIGHT             |          |            |               |                                   |    |    |    |    |    |    |  |  |
| URGENCY (1-5)                |          |            |               |                                   |    |    |    |    |    |    |  |  |
| AMOUNT OF SOIL               |          |            |               |                                   |    |    |    |    |    |    |  |  |
| # ACCIDENTS & PADS           |          |            |               |                                   |    |    |    |    |    |    |  |  |

| CLINICIAN PROGRAMMER CONFIGURATION NAME | C1    | C2    | C3    | C4    | C5        | C6        | C7        |  |  |
|---|-------|-------|-------|-------|-----------|-----------|-----------|--|--|
| ELECTRODE CONFIGURATION                 | 0-/3+ | 1-/3+ | 2-/0+ | 3-/0+ | 0-, 1-/3+ | 1-, 2-/3+ | 2-, 3-/0+ |  |  |
| PULSE WIDTH                             | 210   | 210   | 210   | 210   | 210       | 210       | 210       |  |  |
| RATE                                    | 14    | 14    | 14    | 14    | 14        | 14        | 14        |  |  |

**Indications for Use:**

**InterStim® Therapy for Urinary Control** is indicated for the treatment of urinary retention and the symptoms of overactive bladder, including urinary urge incontinence and significant symptoms of urgency-frequency alone or in combination, in patients who have failed or could not tolerate more conservative treatments.

The following Warning applies only to InterStim Therapy for Urinary Control:

**Warning:** This therapy is not intended for patients with mechanical obstruction such as benign prostatic hypertrophy, cancer, or urethral stricture.

**InterStim® Therapy for Bowel Control** is indicated for the treatment of chronic fecal incontinence in patients who have failed or are not candidates for more conservative treatments.

**Contraindications for Urinary Control and for Bowel Control:** Diathermy. Patients who have not demonstrated an appropriate response to test stimulation or are unable to operate the neurostimulator.

**Precautions/Adverse Events:**

**For Urinary Control:** Safety and effectiveness have not been established for bilateral stimulation; pregnancy, unborn fetus, and delivery; pediatric use under the age of 16; or for patients with neurological disease origins such as multiple sclerosis.

**For Bowel Control:** Safety and effectiveness have not been established for bilateral stimulation; pregnancy, unborn fetus, and delivery; pediatric use under the age of 18; or for patients with progressive, systemic neurological diseases.

**For Urinary Control and for Bowel Control:** The system may be affected by or adversely affect cardiac devices, electrocautery, defibrillators, ultrasonic equipment, radiation therapy, MRI, theft detectors/ screening devices. Adverse events include pain at the implant sites, new pain, lead migration, infection, technical or device problems, adverse change in bowel or voiding function, and undesirable stimulation or sensations, including jolting or shock sensations.

For full prescribing information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic's website at [www.medtronic.com](http://www.medtronic.com). Product technical manual must be reviewed prior to use for detailed disclosure.

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[www.medtronic.com](http://www.medtronic.com)

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