STANDARDIZED PROCEDURE
STOLLER AFFERENT NERVE STIMULATOR (SANS) (Adult, Peds)

I. Definition

The SANS (Stoller Afferent Nerve Stimulator) has been determined to be a safe and efficacious treatment alternative to pharmacological therapy in the treatment of pelvic floor dysfunction.

II. Background Information

A. Setting:

The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life Services is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision:

The necessity of the procedure will be determined by the AHP in verbal collaboration with the attending physician or his/her designee. Direct supervision will not be necessary once competency is determined, as provided for in this procedure. At that time, general or indirect supervision is acceptable.

Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the AHP.

The AHP will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Outcome of the procedure other than expected

C. Indications

Alternative to pharmacological therapy in treating pelvic floor dysfunction

III. Materials and supplies:

1. Two 34- gauge acupuncture needles
2. Two grounding electrodes (an adhesive electrocardiogram pad)
3. One 9-v batter-powered generator (with amplitude of 0.5 to 10ma and a fixed pulse width of 200us and frequency 20Hz).

IV. Procedures and consenting:

Patients participating in this alternative method of treatment will have the procedure explained and sign an informed consent.

A. Prepare patient:

Patient is assisted in a comfortable sitting or reclined position on an exam table. Legs are placed in a frog-legged position.

B. Perform the procedure:

1. The needles are carefully placed initially at a 90-degree angle bilaterally three finger-breaths superior to the medial malleollus and posterior to the tibia.
2. The needles are then advanced at an angle of 30 degrees (cephalad) to approximately 4-cm depth and in a trajectory that exits anterior to the fibula.
3. Grounding electrodes are placed bilaterally near the medial calcaneus.
4. The electrical stimulation is administered from a 9-v battery-powered generator-amplitude of 0.5 to 10mA. The wire is then connected to the needle and the battery is turned on.
5. Confirmation of appropriate needle localization is verified by the great toe plantar flexion, or digits two through five fanning or plantar flexion.
6. Once the more pronounced response is achieved the amplitude is then reduced to a level just below the somatic sensory threshold.
7. The application is continuous for 30 minutes.

C. Post- procedure

1. Needles are removed and disposed of in the sharps container.
2. Electrodes are also removed and are disposable.
3. Site inspected.
4. Procedure, outcomes and plan should be documented in the clinic note along with next follow up appointment.

D. Follow-up treatment: sessions are initially continued weekly for 10-12 weeks then once a month PRN.

V. Competency Assessment

A. Initial Competence

1. The AHP will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The AHP will demonstrate knowledge of the following:
   a. Medical indication and contraindications of Stoller Afferent Nerve Stimulator therapy
   b. Risks and benefits of the procedure
   c. Related anatomy and physiology
   d. Consent process
   e. Steps in performing the procedure
   f. Documentation of the procedure

g. Ability to interpret results and implications in management.

3. AHP will observe the supervising physician perform each procedure three times and perform the procedure **three** times under supervision.
4. Supervising physician will document AHP's competency prior to performing procedure without supervision.
5. The AHP will ensure the completion of competency sign-off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The AHP will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. AHP must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending must again sign off the procedure for the AHP. The AHP will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF PROCEDURE

Revised October 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed October 2012 by the Committee on Interdisciplinary Practice
Prior revision June 2007
Approved October 2012 by the Executive Medical Board and the Governance Advisory Council.

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