



Patient Information Leaflet: STIMVIA™ Therapy

1. What is STIMVIA?

STIMVIA is a medical device used for the treatment of **Overactive Bladder (OAB)** and other bladder dysfunction conditions. It is the latest generation of **PTNS** (Percutaneous Tibial Nerve Stimulation), but with a major difference: it is completely **needle-free**.

Instead of using needles, STIMVIA uses electrode pads placed on your skin behind your knee to deliver gentle electrical signals. It is a non-invasive, drug-free therapy designed to help you regain control over your bladder. Its full name is **Peroneal Electric Transcutaneous Neuromodulation**.

2. What is it used for?

While STIMVIA is primarily prescribed for Overactive Bladder, it is effective for a range of conditions:

- **Overactive Bladder (OAB):** for sudden, uncontrollable urges to urinate (urgency), frequent urination (frequency), or leakage.
- **Bladder Pain Syndrome / Interstitial Cystitis:** for chronic pain, pressure, or discomfort in the bladder region.
- **Bladder Sensitivity:** for bladders that feel constantly "irritated" or send false signals that they are full.
- **Bladder Failure (Underactive Bladder):** for patients who have difficulty emptying their bladder or have "weak" bladder signals.

3. Aims of Treatment: What is "Success"?

It is important to have realistic expectations before starting any bladder therapy.

- **The 50% Benchmark:** in clinical terms, a "good effect" or successful outcome is defined as a **50% reduction in your symptoms**. For example, if you currently go to the toilet 12 times a day, reducing this to 6 times a day or less would be considered a successful treatment.
- **Comparable Efficacy:** this success rate is very similar to other established therapies, including oral medications and Bladder Botox injections where symptoms can improve, but it is unrealistic to aim for a "complete cure".
- **Quality of Life:** ultimately, it is unlikely that any single treatment will achieve "perfection" or eliminate every symptom 100% of the time. However, the aim of STIMVIA is to significantly **manage and improve your symptoms**, thereby vastly improving your Quality of Life (QoL).



and confidence.

4. How does it work?

STIMVIA works through a process called **Neuromodulation**.

Despite advances in technology and scientific understanding, we still **do not know for certain exactly how the mechanism works in every detail**, but clinical evidence proves that it *does* work effectively.

The Theory: the bladder is controlled by a complex network of nerves. In many bladder conditions, these lines of communication become "noisy."

- The device sends a mild electrical signal through the skin at the back of the knee.
 - This signal travels up the tibial and peroneal nerves to the **sacral plexus** (at the base of the spine) and the brain.
 - It acts like a "reset" for your bladder nerves — calming down a hyperactive bladder or stimulating an underactive one.
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5. The Procedure

The treatment is simple, painless, and needle-free.

- **Preparation:** please **arrive in shorts** or bring a pair to change into. The electrodes must be placed on the skin at the back of the knee (popliteal fossa).
 - **Bilateral Stimulation:** to ensure maximal effect, STIMVIA is applied to **both legs simultaneously**.
 - **Schedule:** you will typically attend **12 weekly sessions**, with each session lasting **30 minutes**.
 - **Sensation:** you may feel a tingling or twitching in your foot or heel. This is a good sign the nerve is being targeted; it should not be painful.
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6. Alternative Treatments for OAB

STIMVIA is one of several options for managing bladder conditions. It is important you understand the alternatives to make an informed choice:

1. Lifestyle Modifications

- **Diet:** cutting out bladder irritants such as caffeine (tea/coffee), alcohol, and spicy foods.
- **Bladder Training:** techniques to "teach" the bladder to hold on for longer periods.



2. Oral Medications

- **Antimuscarinics:** (e.g. Solifenacin, Oxybutynin). These relax the bladder muscle but can cause dry mouth and constipation as well as memory issues longer term.
- **Beta-3 Agonists:** (e.g. Mirabegron and Vibegron). A newer class of drug that relaxes the bladder during the filling phase with fewer side effects than antimuscarinics.

3. Invasive Procedures

- **Bladder Botox:** injections of Botulinum toxin directly into the bladder wall to paralyse the muscle and stop spasms. This requires a cystoscopy (camera in the bladder) and repeated injections every 6–9 months.
- **Sacral Neuromodulation (SNS):** a surgically implanted pacemaker for the bladder placed in the lower back.

4. Major Surgery

- **Clam Cystoplasty:** a major operation where the bladder is cut open and patched with a piece of bowel to make it larger. This is usually a last resort when all other treatments have failed and has considerably high risks and morbidity.

7. Scientific Literature

Below are the key papers showing the evidence behind this technology (Peroneal eTNM / TTNS and PTNS):

For Overactive Bladder (OAB):

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC10219410/>
- <https://pubmed.ncbi.nlm.nih.gov/34356261/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC8514907/>
- <https://pubmed.ncbi.nlm.nih.gov/34659685/>

For Bladder Pain / Sensitivity:

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9782322/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC8318015/>

For Bladder Failure (Underactive Bladder):

- <https://pubmed.ncbi.nlm.nih.gov/12639649/>
- <https://www.sciencedirect.com/science/article/pii/S2772973724002595>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9612778/>



Questions or Concerns?

If you have further questions, please ask your urology specialist at The Forbury Clinic.

The Forbury Clinic

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