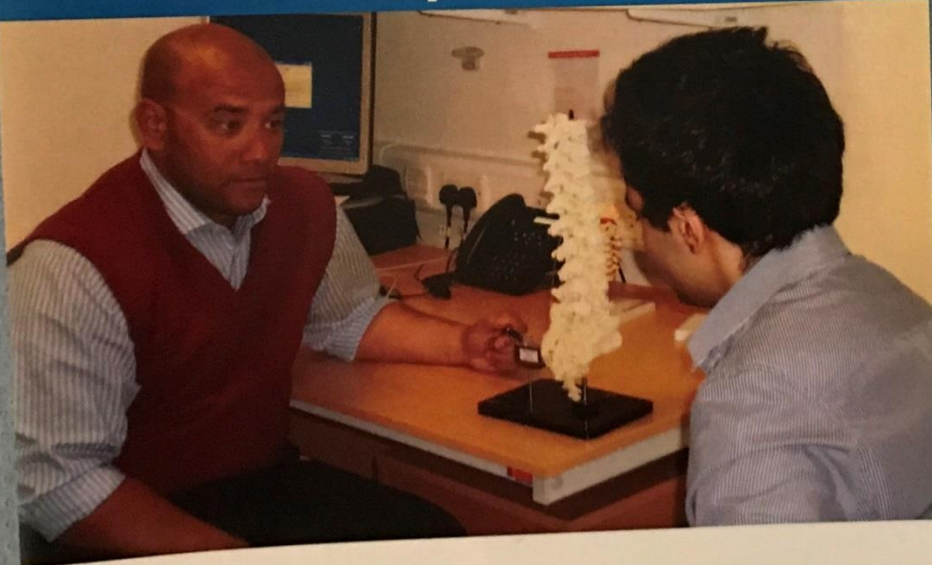


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Spinal cord stimulation for chronic pain



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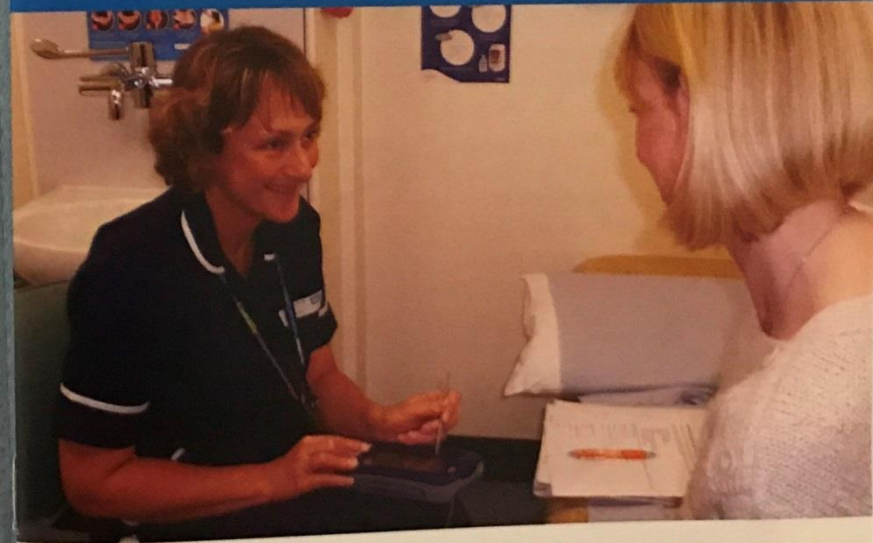
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Your spinal cord stimulation procedures and beyond



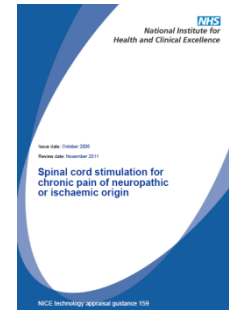
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NICE HTA 59



**Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin
Technology appraisal guidance**

Published: 22 October 2008 (Reviewed with no changes 2013)

nice.org.uk/guidance/ta159

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Spinal cord stimulation is recommended as a treatment option for adults with chronic pain of neuropathic origin who:

- continue to experience chronic pain (measuring at least 50 mm on a 0–100 mm visual analogue scale) for at least 6 months despite appropriate conventional medical management, and**
- who have had a successful trial of stimulation**

Novel 10-kHz High-frequency Therapy (HF10 Therapy) Is Superior to Traditional Low-frequency Spinal Cord Stimulation for the Treatment of Chronic Back and Leg Pain

The SENZA-RCT Randomized Controlled Trial

Leonardo Kapural, M.D., Ph.D., Cong Yu, M.D., Matthew W. Doust, M.D., Bradford E. Gliner, M.S., Ricardo Vallejo, M.D., Ph.D., B. Todd Sitzman, M.D., M.P.H., Kasra Amirdelfan, M.D., Donna M. Morgan, M.D., Lora L. Brown, M.D., Thomas L. Yearwood, M.D., Ph.D., Richard Bundschu, M.D., Allen W. Burton, M.D., Thomas Yang, M.D., Ramsin Benyamin, M.D., Abram H. Burgher, M.D.

(ANESTHESIOLOGY 2015; 123:851-60)

What We Already Know about This Topic

- Spinal cord stimulation (SCS) often relieves radicular pain but is relatively poorly effective for the treatment of back pain
- High-frequency SCS may improve the efficacy of SCS for the treatment of low back pain

What This Article Tells Us That Is New

- This randomized trial involving 198 participants demonstrated that high-frequency spinal cord stimulation (SCS) was superior to conventional SCS for the treatment of back pain and leg pain
- The effects of high-frequency stimulation relative to conventional stimulation persisted for 12 months

Dorsal root ganglion stimulation yielded higher treatment success rate for complex regional pain syndrome and causalgia at 3 and 12 months: a randomized comparative trial

Timothy R. Deer^{a,*}, Robert M. Levy^b, Jeffery Kramer^c, Lawrence Poree^d, Kasra Amirdelfan^e, Eric Grigsby^f, Peter Staats^g, Allen W. Burton^h, Abram H. Burgherⁱ, Jon Obay^j, James Scowcroft^k, Stan Golovac^l, Leonardo Kapural^m, Richard Paiciusⁿ, Christopher Kim^a, Jason Pope^a, Thomas Yearwood^o, Sam Samuel^p, W. Porter McRoberts^q, Hazmer Cassim^r, Mark Netherton^s, Nathan Miller^t, Michael Schaufele^u, Edward Tavel^v, Timothy Davis^w, Kristina Davis^c, Linda Johnson^c, Nagy Mekhail^p



Timetable for SCS

- Appointment with doctor

Wait of a few weeks

- Appointment with the nurse specialist

Wait of up to 12 weeks

- Appointment with the psychologist

Wait of a few weeks

- Final appointment with the doctor – consent and MRSA

Wait of a few weeks

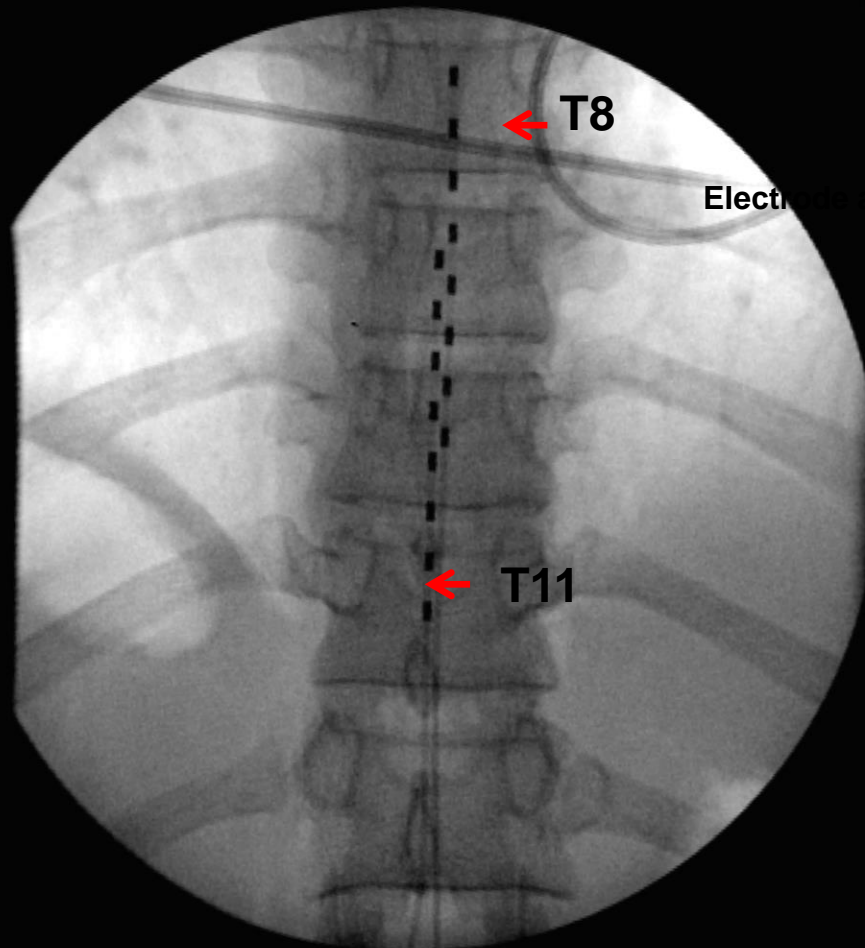
- Trial – **lasts 10 days**

- End of Trial assessment

2 Week wait

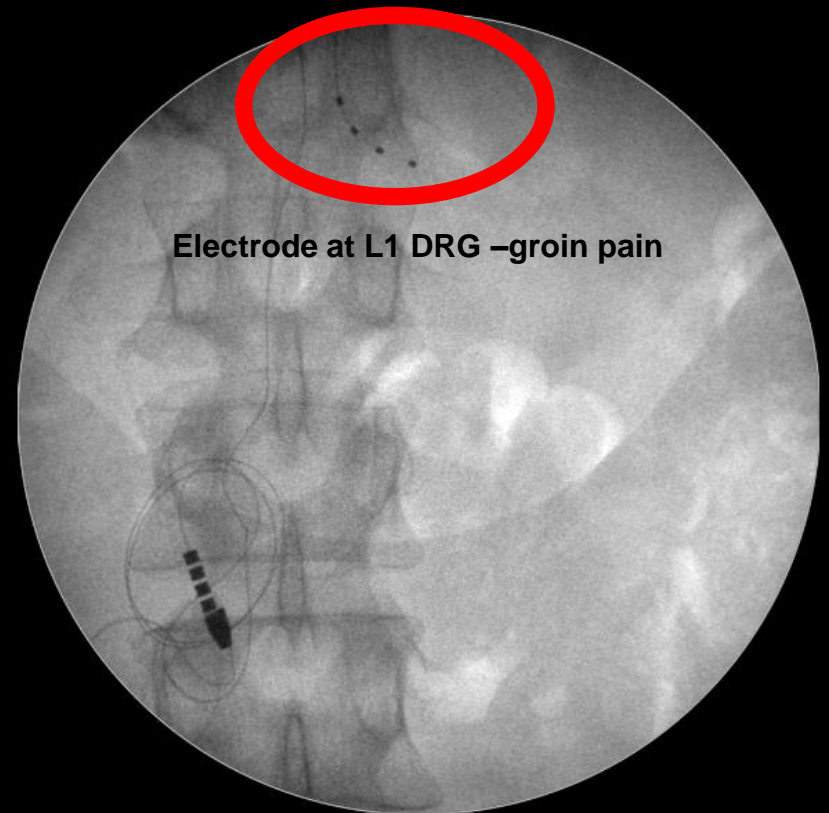
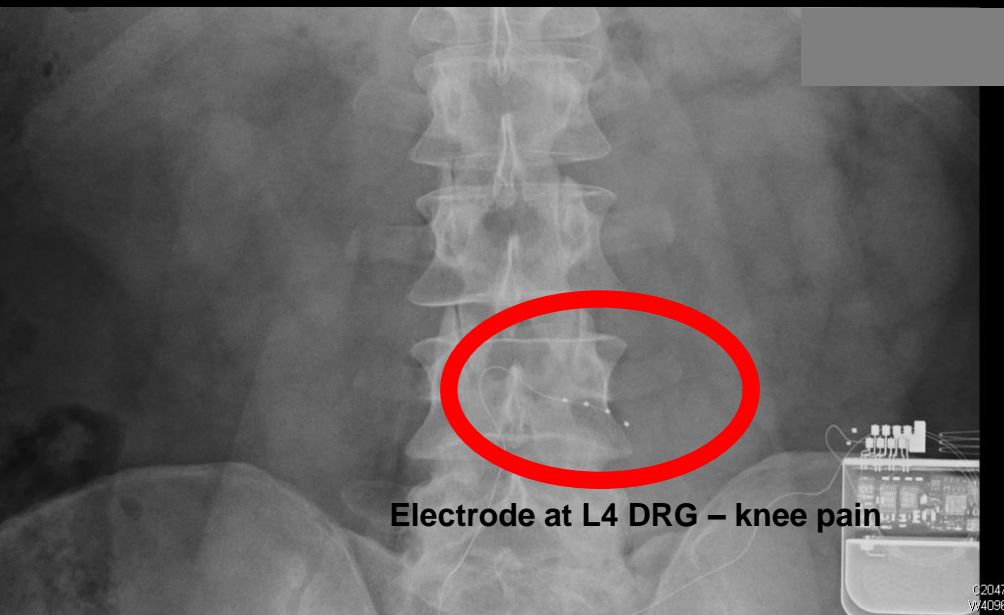
- Insertion of battery or removal of wires

Spinal Cord Stimulation for Neuropathic Pain NICE Guidance HTA59



Spinal Cord Stimulation for Neuropathic Pain

NICE Guidance HTA59



Our Units Research

ORIGINAL ARTICLE

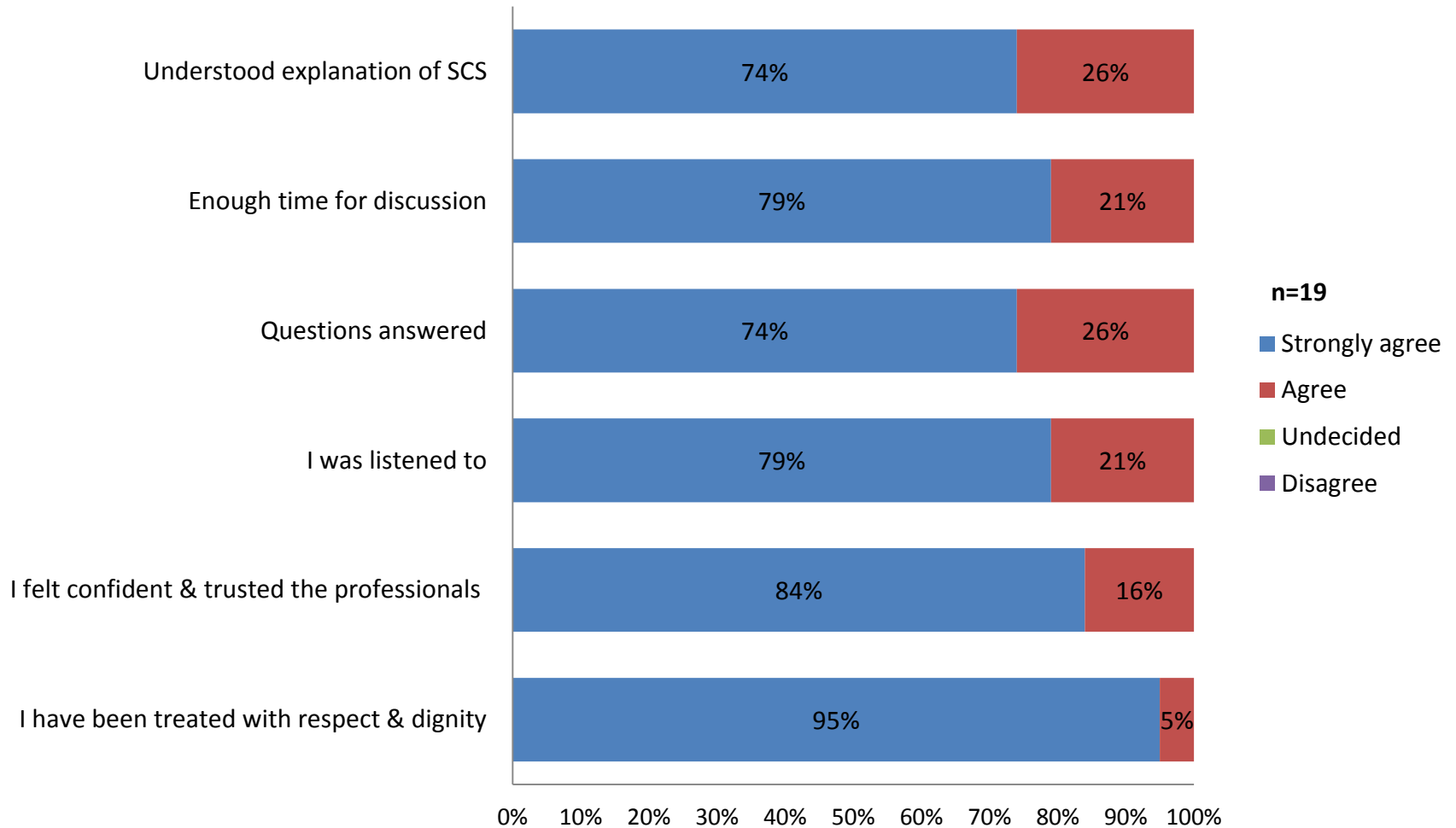
Microbiological Evaluation of the Extension Wire and Percutaneous Epidural Lead Anchor Site Following a “2-Stage Cut-Down” Spinal Cord Stimulator Procedure

Abdul Ghaaliq Lalkhen, MSc, FFPMRCA, FRCA; Mahindra Chincholkar, FFPMRCA, FRCA; Jiten Patel, MB, ChB

The Manchester and Salford Pain Centre, Salford Royal NHS Foundation Trust, Manchester, U.K.

Lalkhen, Abdul Ghaaliq, Mahindra Chincholkar, and Jiten Patel. "Microbiological Evaluation of the Extension Wire and Percutaneous Epidural Lead Anchor Site Following a “2-Stage Cut-Down” Spinal Cord Stimulator Procedure." *Pain Practice* (2016).

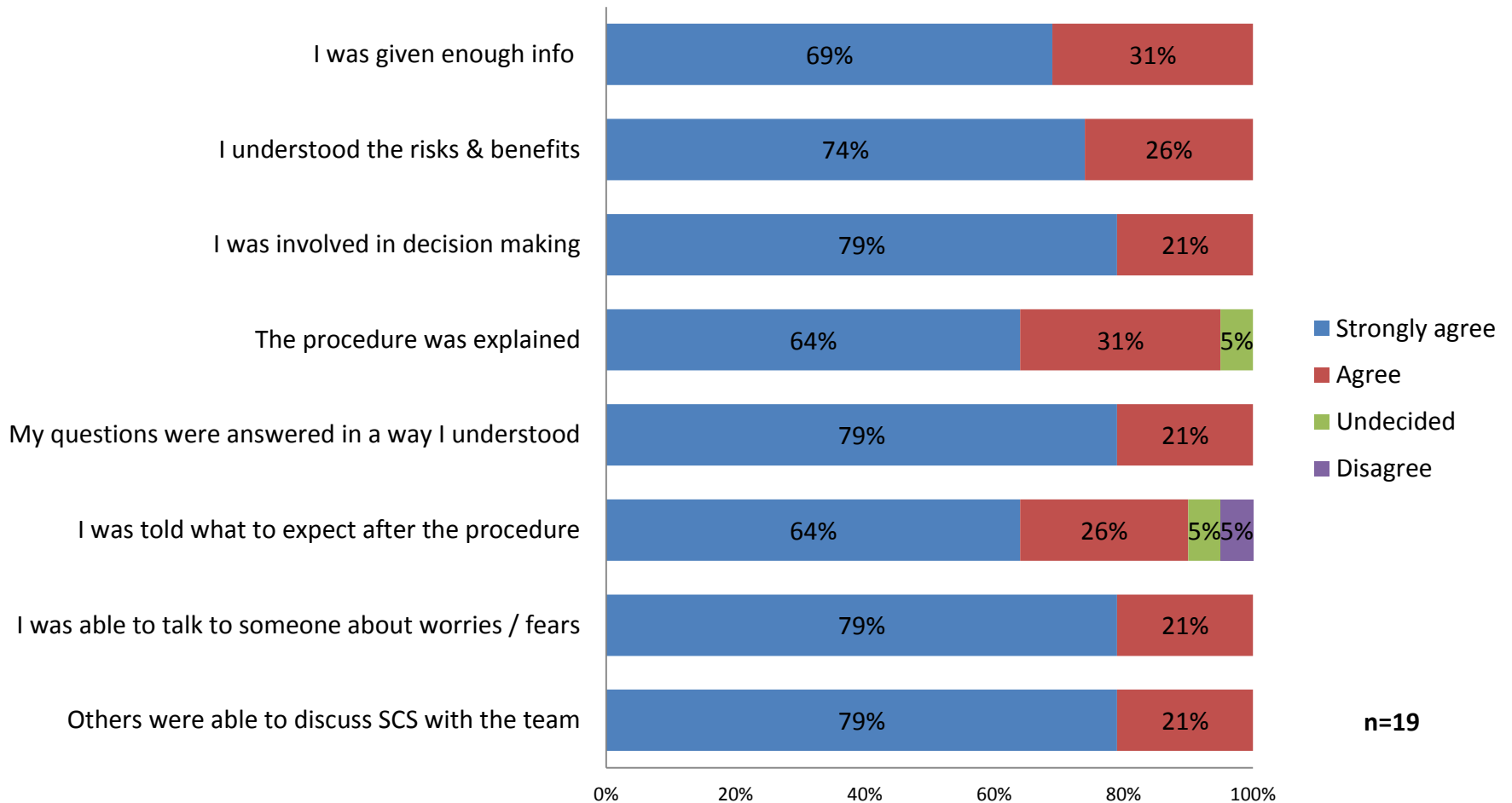
Regarding the Professionals you have seen



Patient Satisfaction

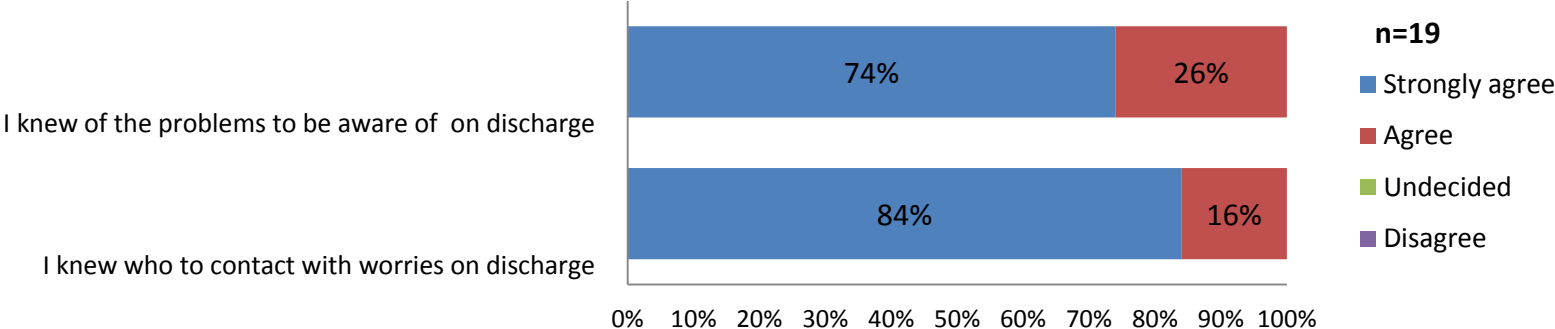
Patient Satisfaction

Information & Decisions



Patient Satisfaction

After the procedure



Overall how would you rate the care you have received?

