Pre-procedure Spinal Cord Stimulation (SCS)

Trial Information/Teaching

When Spinal Cord Stimulation (SCS) is being advised as a treatment option, a screening trial is necessary to determine if SCS will be effective in your pain management. The trial period will last form 1-5 days or longer as determined by my pain physician.

Spinal Cord Stimulation (SCS) may reduce but not cure or eliminate pain. If spinal cord stimulation works a tingling sensation will be experienced instead of pain. Successful SCS generally means at least a 50% reduction in pain as well as improvements in the ability to increase function or activity. Spinal cord stimulation will not eliminate the primary source of pain.

Spinal cord stimulation will not solve personal and/or family problems. Chronic pain often adversely affects life and relationships with others. Part of your pain treatment plan may include the pain physician’s recommendation that you participate in counseling to help cope with anxiety, depression, and other effects of chronic pain.

You are determined to be a candidate for SCS because alternative therapies have not worked to control your pain.

The Procedure:

To make SCS trial possible a lead/electrode will be implanted into the epidural space around you spinal cord. During the procedure the physician will shift the position of the lead and provide stimulation at different settings to determine the best location of the lead for pain relief. The procedure is performed under fluoroscopy (similar to an xray); this helps the physician correctly place the lead by the spinal cord.

During the procedure the lead will be connected to an external power source (the screener) which creates and delivers small electrical pulses through the lead to the spinal cord. You will feel these electrical pulses as a tingling sensation. The tingling sensation covers the sensation of pain.

You will be awake an actively involved in the procedure. To reduce discomfort, you will be given local anesthesia and mild conscious sedation.

IV (Intravenous) Conscious Sedation

Medication will be given during the procedure through the IV to make it easier for you to tolerate the procedure by helping you to relax and be less anxious. The medication will not “put you to sleep”. You will be able to breathe on your own and respond verbally and physically. This type of medication does involve some potential risks: allergic reaction, slow breathing, low blood pressure, slurred speech, extreme drowsiness. Severe response could include stopped breathing.

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General Pre/Post Instructions

Patients may eat a light meal before the procedure. If a patient is an insulin dependent diabetic, they should take their insulin and eat. Patients may take their routine medications. (e.g. high blood pressure and oral diabetic medications). If you are on Coumadin (Warfarin), Plavix (Clopidogrel), Lovenox, Pletal (Cilostazol), Effient (Prasugrel), Teclid (Ticlopidine), or Pradaxa (Dabigatran), notify the office so that special instructions may be given. If you are allergic to iodine, contrast, or medical dye, please inform the office. Patients can expect to be at the facility approximately 1 1/2 hours. A driver must accompany the patient and be responsible for getting them home. No driving is allowed the day of the procedure. Patients may return to their normal activities the day after the procedure, including returning to work unless instructed otherwise by the physician.

You will tell the physician the level and location of pain and/or stimulation that is experienced at different lead locations. After a recovery period in the pain service, you will return home to trial your new SCS system. In some circumstances the patient may be admitted overnight.

THE TRIAL SCREENING PERIOD:

• You will need to restrict your activities as directed during the trial screening period to reduce the possibility of lead movement (& subsequent loss of sensation) as follows:
  DO NOT RAISE YOUR ARMS ABOVE YOUR HEAD.
  DO NOT TWIST, BEND OR STRETCH YOUR BODY AT THE WAIST.
  DO NOT LIFT ITEMS WEIGHING MORE THAN 5 POUNDS.
  AVOID SITTING FOR LONG PERIODS OF TIME OR DRIVING A CAR.

• Change the intensity and rate of stimulation by adjusting the screener in response to different activities, body positions, and changes in underlying pain. You need to understand how to use the screener before you leave the hospital.

• Monitor your response to the SCS by keeping a written personal record or log. This log will record the level of pain relief experienced at different settings.

• You will need to make frequent follow up visits as an outpatient to see the physician during the screening period. Visits will be scheduled before you leave the hospital.

• Driving is prohibited while the SCS is turned on.

• Use of Magnetic Resonance Imaging (MRI) is prohibited in patients who have SCS.

• Sensations: You may experience sensation changes when you make abrupt movements or shift position.
  • Stimulation may increase when you bend your neck back, lean back, or when you lay down or sit. Decrease stimulation by lowering the amplitude.
  • Stimulation may decrease when you stand up. Increase stimulation by increasing the amplitude.
  • Stimulation may stop when you bend your neck forward or lean forward. Stimulation will resume when you assume a different position. If this occurs too quickly with movement, try increasing the amplitude slightly.
  • To smooth out the sensation, adjust stimulation until you feel comfortable.
  • Turn the stimulator OFF or the amplitude DOWN when changing positions or making adjustments.
  • If the stimulator is uncomfortable at any time turn the stimulator OFF.

PERMANENT SCS:

A permanent SCS may be implanted if you and your pain physician agree that you have achieved adequate pain relief during the SCS trial period. The trial lead will be removed and a permanent lead placed when surgery time is scheduled for placement of the permanent SCS at Holy Family Hospital. As part of the permanent SCS you will have a power source or receiver implanted, depending on the type of SCS selected. You will remain in the hospital after the procedure of permanent implantation usually overnight.