

Chronic Neuropathic Pain

Pain from injured or sensitized nerves



Burning



Electric shocks



Pain from
light touch

When pain remains disabling,
neuromodulation may be considered.

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Understanding neuropathic pain

Neuropathic pain develops when nerves are injured, diseased, or sensitized. It may feel burning, electric, tingling, numb, or unusually painful to light touch. The location and pattern of symptoms help guide the evaluation.

How Nerve Pain Feels



Burning



Electric shocks



Tingling or
pins and needles



Pain from light touch

The sensation may be constant—
or come in sudden episodes.



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How nerve pain may feel

Symptoms vary from person to person and may be constant or occur in sudden episodes. A careful history and examination help distinguish nerve pain from pain arising mainly from joints, muscles, or other tissues.

Where It May Come From



Diabetes



Nerve-root injury



After surgery or trauma



**CRPS or peripheral
nerve injury**

**The cause and pain pattern are
different for every patient.**

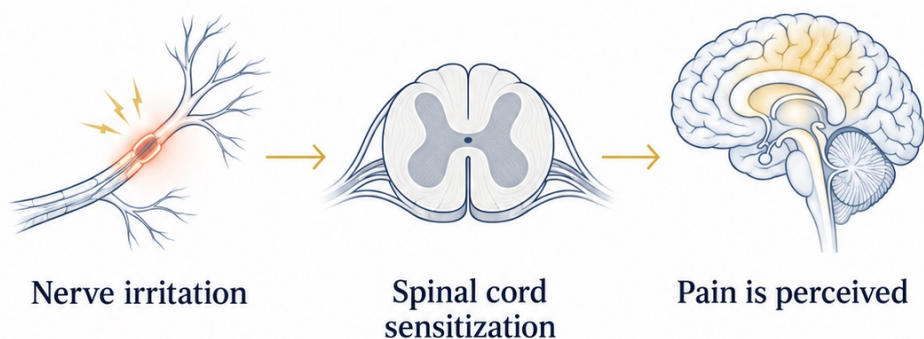
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Common causes and patterns

Diabetes, nerve-root injury, surgery, trauma, complex regional pain syndrome, and peripheral nerve injury can produce neuropathic pain. More than one contributor may be present, so treatment should be based on the individual diagnosis.

Why Nerve Pain Can Persist

An injured or sensitized nerve may continue sending pain signals—even after tissues have healed.



Persistent pain does not always mean ongoing tissue damage.

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Why symptoms may persist

After a nerve is injured or sensitized, pain signaling can remain amplified within the peripheral nerves, spinal cord, and brain. Persistent pain does not always mean that tissue damage is continuing, but ongoing or changing symptoms still deserve evaluation.

When Evaluation Matters



Pain lasts longer than 3 months



Numbness or weakness develops



Walking, sleep, or daily activity is affected



Symptoms continue despite appropriate care



The pattern and cause—not pain intensity alone—guide the next step.

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When evaluation matters

Evaluation is especially important when pain lasts longer than three months, numbness or weakness develops, walking or sleep is affected, or appropriate initial care has not helped. The next step should be guided by the cause and functional impact, not pain intensity alone.

Treating Chronic Neuropathic Pain

A stepwise plan—not one treatment for everyone



Identify the cause



Reduce pain



Restore function



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A stepwise treatment plan

Treatment begins by identifying the most likely cause, reducing pain enough to support activity, and restoring function. The plan may combine medical treatment, rehabilitation, self-management, and selected procedures rather than relying on one treatment alone.

Treat the Cause When Possible



Improve diabetes control



Address nerve compression



Correct vitamin or metabolic problems



Review medications and alcohol exposure

Treatment begins with identifying what is injuring or sensitizing the nerve.

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Treat the cause when possible

Correcting an underlying problem can limit further nerve injury. Examples include improving diabetes control, addressing clinically significant nerve compression, correcting vitamin or metabolic abnormalities, and reviewing medications or alcohol exposure.

Common Medication Options



Duloxetine or venlafaxine



Gabapentin or pregabalin



Amitriptyline or nortriptyline



Topical lidocaine or capsaicin

The best choice depends on the diagnosis, age, other conditions, and side effects.

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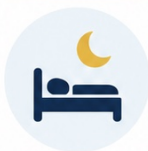
Medication options

Common options include certain antidepressants, gabapentinoids, and topical therapies. Choice depends on the diagnosis, age, kidney function, other conditions, drug interactions, and possible side effects. Medication changes should be made with a clinician.

Beyond Medication



Physical therapy and
graded activity



Sleep and psychological
support



Desensitization and
foot care



Targeted procedures when
a specific nerve or pain
generator is identified



The goal is better function—not only a lower pain score.

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Beyond medication

Graded activity, physical therapy, sleep care, psychological support, desensitization, and protective foot care may improve function and quality of life. Targeted procedures may be appropriate when a specific nerve or pain generator has been identified.

When Pain Remains Disabling

Spinal cord stimulation may be considered for carefully selected patients.

- 1 Temporary trial
- 2 Measure pain, sleep, and activity
- 3 Implant only after meaningful benefit



Stimulation changes how pain signals are processed.
It does not cure the underlying condition.

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When spinal cord stimulation may be considered

For carefully selected patients with persistent disabling neuropathic pain, spinal cord stimulation may be considered after appropriate evaluation and less invasive care. A temporary trial is used first; permanent implantation is considered only when the trial provides meaningful benefit.

A personalized evaluation matters

Treatment should match the cause, pain pattern, health history, and functional goals.

Seek urgent medical care

New or rapidly progressive weakness, loss of bladder or bowel control, numbness in the saddle area, fever with severe spinal pain, or sudden major neurologic changes require prompt assessment.

If spinal cord stimulation is considered

Discuss expected benefits, alternatives, the temporary trial, device care, and risks such as infection, bleeding, lead movement, hardware problems, discomfort, and rare neurologic injury.

Appointments and contact



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Patient-information references

International Association for the Study of Pain: terminology and classification of neuropathic pain. NICE Guideline CG173: Neuropathic pain in adults - pharmacological management. NICE Technology Appraisal TA159: Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin.

This brochure is for general education and does not replace a medical evaluation or individualized advice. Treatment benefits and risks vary. Medication and procedure decisions should be made with a qualified clinician.