

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 comes from injury or abnormal signaling within the nervous system. Its burning, electric, or touch-sensitive quality can help distinguish it from ordinary muscle or joint pain. A complete evaluation is needed before considering neuromodulation.

Pain After Spine Surgery

Persistent Spinal Pain Syndrome

Previously called Failed Back Surgery Syndrome



**Leg or back pain
may continue—
even after technically
successful surgery.**

**A careful reassessment
helps identify treatable
causes and next options.**

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Pain after spine surgery

Persistent Spinal Pain Syndrome describes ongoing or recurrent pain after spine surgery. Symptoms do not necessarily mean the operation was performed incorrectly. Reassessment should look for a correctable structural problem, nerve injury, and other contributors to pain.

Chronic Nerve-Root Pain



Shooting or burning pain may travel into an arm or leg.

It can persist after compression, inflammation, injury, or surgery.

Selected patients may be considered for spinal cord stimulation.

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When nerve-root pain persists

Radicular neuropathic pain follows the path of an irritated or injured spinal nerve root. When disabling symptoms persist despite appropriate treatment—and further corrective surgery is not indicated—spinal cord stimulation may be discussed.



Complex Regional Pain Syndrome

Persistent, disproportionate pain after injury or surgery

Burning • Sensitivity • Swelling •
Color or temperature change

For selected patients,
**spinal cord or dorsal root
ganglion stimulation**
may be considered.

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Understanding CRPS

CRPS is a complex pain condition that may include sensory, swelling, temperature, color, and movement changes. Care is usually multidisciplinary. Neuromodulation may be considered for carefully selected patients whose pain and functional limitations remain substantial.



Painful Diabetic Neuropathy

Burning, tingling, or electric pain—usually in both feet.

Symptoms can disrupt sleep, walking, and daily life.

For selected patients with difficult-to-control pain, certain spinal cord stimulation systems may be considered.

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Painful diabetic neuropathy

Painful diabetic neuropathy commonly affects both feet in a stocking pattern. Treatment still includes diabetes management, medication review, foot care, and activity planning. Certain stimulation systems may be an option when pain remains difficult to control.

Spinal Cord Stimulation

Another path for selected chronic neuropathic pain



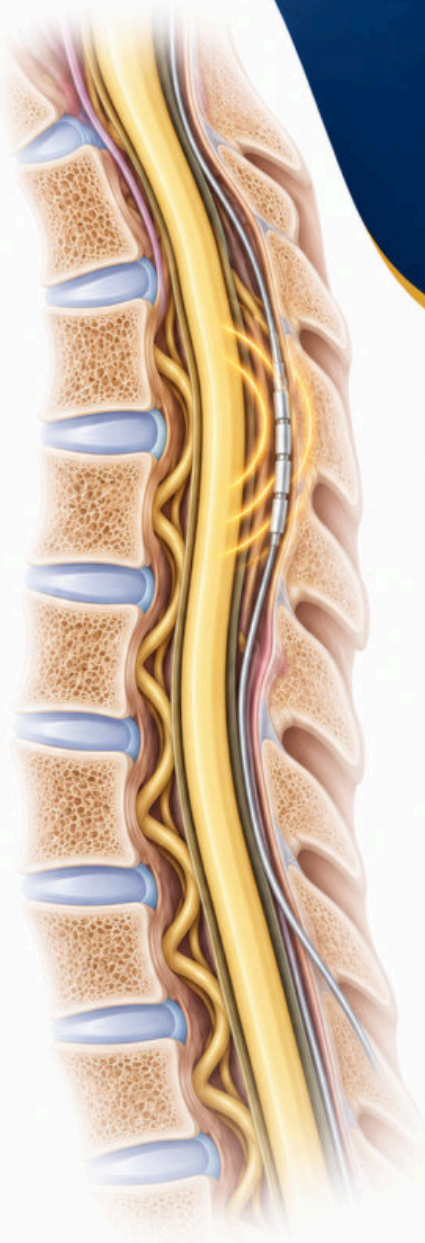
Programmed electrical impulses influence how pain signals are processed.

It does not cure the underlying condition, **but it may reduce pain and improve function.**

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When SCS may be considered

Spinal cord stimulation is one part of a broader pain-management plan. It changes pain-signal processing rather than repairing the underlying disease. The aim is meaningful improvement in pain and function—not a promise of complete pain elimination.



How It Works

Thin leads in the epidural space deliver mild electrical impulses near the spinal cord.

The leads do not enter or penetrate the spinal cord.

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How the system works

Thin leads are positioned in the epidural space, outside the spinal cord. A programmed pulse generator delivers electrical impulses through the leads. Settings are individualized for the patient's pain pattern, goals, and response.

The Temporary Trial

Try the therapy before implantation



- 1 Place temporary leads
- 2 Test the system for several days
- 3 Track pain, sleep, and activity

The leads are removed after the trial.

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Why a trial comes first

A trial allows the patient to experience the therapy before committing to a permanent implant. Success should be judged with individualized goals, such as improved walking, sleep, daily activity, or reduced pain—not by a pain score alone.

Permanent Implantation

Only after a successful
trial and shared decision



Epidural leads

**Small generator
under the skin**

**Personalized,
adjustable
programming**

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After a successful trial

If the trial provides meaningful benefit, permanent leads and a small generator may be implanted beneath the skin. The decision is shared and individualized. Programming can be adjusted after implantation as needs and activities change.

A woman with blonde hair, wearing a white jacket over a blue top and blue leggings, is walking on a paved path. A yellow line is painted on the path, curving around her. The background shows a blurred city street with trees and buildings.

Success Is More Than a Device

The right diagnosis

A meaningful trial response

Personalized programming

Rehabilitation and follow-up

**The goal: better sleep,
mobility, daily activity,
and quality of life.**

Results vary. Complete or permanent pain relief
is not guaranteed.

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What supports long-term success

Long-term benefit depends on accurate diagnosis, realistic goals, a meaningful trial response, effective programming, rehabilitation, and follow-up. Results vary, and stimulation does not guarantee complete or permanent pain relief.

Could Neuromodulation Be the Next Step?

A focused consultation can clarify candidacy, goals, and alternatives.

Prepare for the Visit

- Bring imaging and operative reports.
- List medications, injections, surgery, and therapy tried.
- Describe where the pain travels and what it feels like.
- Identify which activities pain limits most.
- Define what meaningful improvement would look like.

Questions to Ask

- Is my pain primarily neuropathic?
- Has a correctable structural cause been excluded?
- Am I an appropriate trial candidate?
- How will we define a successful trial?
- What follow-up and programming will I need?

Schedule a Personalized Evaluation

Bring your goals—not only your pain score. Treatment decisions should reflect function, sleep, activity, and quality of life.

Appointments

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This brochure is for general education and does not replace a personal medical evaluation. Spinal cord stimulation has risks and may not be appropriate for every patient. Results vary.