

Spinal cord stimulation

An option for selected patients with persistent neuropathic pain.

What is SCS?

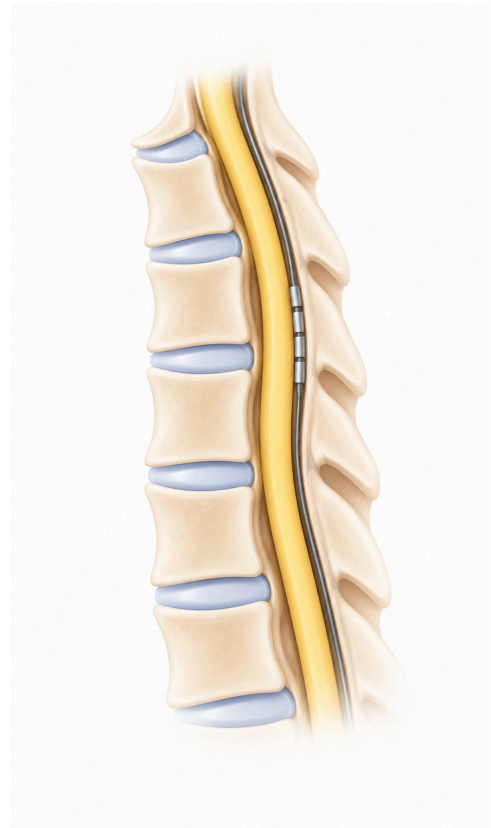
Spinal cord stimulation (SCS) uses thin leads placed in the epidural space, outside the spinal cord. A programmed generator sends electrical impulses through the leads to change how pain signals are processed.

What is the goal?

The goal is meaningful improvement in pain and daily function. Stimulation does not repair the underlying disease or guarantee complete pain relief.

When might it be discussed?

Examples include persistent nerve-root pain after appropriate treatment, ongoing pain after spine surgery, complex regional pain syndrome, and painful diabetic neuropathy. A careful evaluation looks for correctable causes and other treatment options first.



PATIENT SELECTION STARTS WITH THE PAIN SOURCE



Persistent spinal pain



CRPS



Diabetic neuropathy

Trial before implantation

A temporary trial helps you decide whether the therapy is worthwhile.

The temporary trial

Temporary leads connect to an external device for several days. You track changes in pain, walking, sleep, and daily activity. The leads are removed at the end of the trial.

If the trial helps

You and your physician may discuss permanent leads and a small generator placed under the skin. The program can be adjusted over time, and rehabilitation and follow-up remain part of care.

A MEANINGFUL TRIAL RESPONSE GUIDES THE DECISION



Questions to discuss

What is the main source of my pain?

What changes in function would make the trial successful?

What follow-up and programming will I need?

Risks and limits

Risks include infection, bleeding, lead movement, device problems, and rarely neurologic injury. Results vary, and benefit may change over time. Discuss the risks of the specific system and procedure with your team.



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General education only. A personal evaluation is needed to determine whether SCS is appropriate.