Central Arizona Pain Institute
Interventional Spine & Pain Management
2100 Centerpointe West Drive
Prescott, AZ 86301
Phone: 928.717.0788 **Fax: 928.717.0748**

SPINAL CORD STIMULATION TRIAL

Spinal cord stimulation (SCS) is a procedure that uses an electrical current to treat chronic pain. A small pulse generator, implanted in the back, sends electrical pulses to the spinal cord. These pulses interfere with the nerve impulses that make you feel pain. To make sure that this treatment will be effective for you, a trial is performed first.

Your doctor usually will first insert a trial stimulator through the skin (percutaneously) to give the treatment a trial run. (A percutaneous stimulator tends to move from its original location, so it is considered temporary.) Similar to an epidural injection, the skin is first numbed with a local anesthetic. Once your skin is numb a needle with the electrode is inserted behind your spinal column. These electrodes are kept in place for three or four days. You will be given a "remote control" and taught how to use the stimulator during this trial period to best improve your pain. When in use, the spinal cord stimulator creates a tingling feeling, rather than the pain you have felt in the past. You will return to the clinic after this time period to have the electrodes removed.

After this outpatient procedure is complete, you and your doctor determine the best pulse strength. You are then told how to use the stimulator at home. A typical schedule for spinal cord stimulation is to use it for 1 or 2 hours, 3 or 4 times a day.

What To Expect After Treatment
You will have a small injection that you should keep clean and dry until the electrodes are removed.

If the trial is successful, we will seek authorization to have a permanent stimulator placed. Most insurance companies will request a psychiatric evaluation. Once authorized by your insurance company, you will be contacted by the neurosurgeon, to which we have referred you, for a consultation. The stimulator itself is implanted under the skin of the belly (abdomen), and the small coated wires (leads) are inserted under the skin to the point where they are inserted into the spinal canal. This placement in the abdomen is a more stable, effective location. Most stimulator batteries must be replaced every 8 to 10 years.

Why It Is Done
This treatment may be done for people with severe, chronic pain who have:
• Had a failed spinal surgery.
• Severe nerve-related pain or numbness.
• Chronic pain syndromes, such as complex regional pain syndrome (reflex sympathetic dystrophy).

How Well It Works
Some researchers have reported that more than half of people receiving spinal cord stimulation for failed-back surgery syndrome, peripheral neuropathy, or phantom limb pain have pain reduction or relief.1 Spinal cord stimulation seems to work better for people with pain in their extremities (complex regional pain syndrome, diabetic neuropathy, chronic radiculopathy, or postherpetic neuralgia).

How will I prepare for the procedure?
Your doctor may tell you to be NPO for a certain amount of time before the procedure. This means that you should not eat or drink anything for the amount of time before your procedure. This means no water, no coffee, no tea - not anything. You may receive special instructions to take your usual medications with a small amount of water. Check with your doctor if you are unsure what to do.

You should tell your doctor if you are taking any medications that thin your blood or interfere with blood clotting. The most common blood thinner is coumadin. Other medications also slow down blood clotting. Aspirin, ibuprofen, and nearly all of the anti-inflammatory medications affect blood clotting. Medications used to prevent strokes, such as Plavix, Xarelto, or Eliquis can also affect blood clotting. These medications usually need to be stopped seven days prior to the injection. Be sure to let your doctor know if you are on any of these medications.