

Spinal cord stimulation

Contact information

Chelsea Pain Centre

Chelsea and Westminster Hospital
369 Fulham Road
London
SW10 9NH

T: 020 3315 8076

E: chelseapaincentre@chelwest.nhs.uk

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Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Spinal cord stimulation

Information for healthcare professionals

Chelsea and Westminster Hospital

369 Fulham Road
London
SW10 9NH

T: 020 3315 8000

W: www.chelwest.nhs.uk

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Speak to your clinician



Spinal Cord Stimulation (SCS)

Spinal Cord Stimulation is recommended as a possible treatment for adults with chronic pain of neuropathic origin if they have been diagnosed with the following conditions, as per the National Institute for Health and Care Excellence (NICE) technical guideline TA159:

- Failed back surgery syndrome
- Complex regional pain syndrome (CRPS)
- Neuropathic pain
- Persistent sciatica
- Refractory nerve pain
- Have moderate to severe chronic pain greater than 5/10
- Have tried and not responded to conservative treatments
- Be willing to reduce medication and engage with pain management strategies
- Be able to manage the technical demands of the equipment
- Have had a successful trial of spinal cord stimulation as part of an assessment by a specialist team here at Chelsea Pain Centre.

The NICE guidelines state that *SCS should only be provided after an assessment by a specialist multidisciplinary team who are experienced in chronic pain assessment and management of people with spinal cord stimulation devices.*

Chelsea Pain Centre offers SCS trials and implants, and has developed a pathway which follows this NICE guidance.

What is a SCS?

SCS therapy involves inserting a small device called an implantable pulse generator (IPG) otherwise known as a battery, connected to thin wires (leads) which are

placed in the epidural space. The patient will then be provided with a remote control.

It works by reducing or changing the pain by targeting specific nerves in the spinal cord and this alters patients' perception of pain.

Stages of SCS

The insertion of a SCS is normally carried out over two separate theatre sessions in the Treatment Centre by consultants in pain medicine.

The first stage is the trial stage and allows both the patient and the clinical team to decide if this is the most appropriate treatment.

It involves the insertion of temporary lead(s) and allows the patient to test the product and feel what the stimulation is like. It might be that they do not like it and do not wish to proceed any further.

The second stage is when the system is fully implanted and connected to the IPG (battery unit).

This is a surgical procedure. It involves an incision being made, normally above the buttock but can be on the abdomen.

How do I refer a patient for possible SCS?

If there is a potential patient you would like to refer for consideration of SCS please refer the patient to Chelsea Pain Centre whereby we will then arrange an appointment for the patient to be seen by a consultant in pain medicine.

If the patient is found to be a potential candidate we will then arrange for the patient to be assessed in our SCS multidisciplinary team clinic.

Here the patient will be reviewed by a consultant in pain medicine, specialist pain nurse and pain clinical psychologist and decide on whether the patient suitable for SCS.

Further information

For more information please visit:

National Institute for Health and Care Excellence (NICE)

Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin (2008)

W: www.nice.org.uk/guidance/ta159

British Pain Society

Spinal cord stimulation for the management of pain: recommendations for best clinical practice (2009)

W: www.britishpainsociety.org/static/uploads/resources/files/book_scs_main_1.pdf

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