

NEUROSTIMULATION FOR CHRONIC PAIN AND ISCHEMIC DISEASES: CONSENSUS RECOMMENDATIONS

Neuromodulation Appropriateness Consensus Committee extensively evaluated literature reviews, clinical trials and expert opinions



SAFETY OF NEUROSTIMULATION

- Relatively safe, minimally invasive and reversible
- Shown to reduce opioid consumption
- More effective than reoperation in FBSS



COMPLICATIONS

SCS has a low risk of major complications

Minor complications include electrode fracture or lead migration which are correctable

COST-EFFECTIVENESS

SCS is more cost-effective than conservative medical management alone for FBSS and CRPS



NEUROMODULATION RECOMMENDATIONS: HIGHLIGHTS



DISEASE-SPECIFIC RECOMMENDATIONS

- Better outcomes when used earlier in disease course
- Cervical SCS for upper extremity neuropathic pain
- SCS for CRPS I & II
- Conventional SCS or DRG for radicular pain
- Use early SCS for FBSS
- Trial DRG for discrete areas of neuropathic pain



AREAS THAT DESERVE CAUTION

- SCS for multiple pain generators
- Use PNS for areas of pain innervated by named nerves
- SCS for postamputation pain
- SCS with implanted pacemaker or defibrillator is possible, consult cardiology
- SCS for painful diabetic neuropathy

CONCLUSIONS

Appropriate neuromodulation is safe and effective in some chronic pain conditions

Technological advancements and new clinical evidence will continue to expand its use



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