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Spinal Cord Stimulation is an Effective Therapy for FBSS Pain

Spinal cord stimulation, or SCS, is an effective therapy for many types of chronic, intractable pain, including pain caused by failed back surgeries. In fact, the most common use for SCS is to treat patients with failed back surgery syndrome (FBSS). Studies have indicated that most FBSS patients get satisfactory results from SCS¹. Plus SCS is less invasive and costs less than back surgeries or similar interventions².

SCS involves using an implanted device to send electrical pulses to electrodes located on leads that are placed in the epidural¹ space of the spinal cord. The device may be powered by its own battery or by radio-frequency energy sent to it from a battery-powered external unit. The leads are implanted near the area of the spinal cord that is transmitting the patients' pain. **When the leads are activated, patients feel paresthesia**

rather than pain in targeted areas of the body. The leads may be used singly or in pairs, and each lead has arrays of electrodes that can be turned on in combinations to maximize the paresthesia effect. Patients who receive SCS implants undergo stimulation trials beforehand, during which they must experience successful paresthesia from percutaneously inserted leads.

Compared to back surgery, SCS is a cost effective alternative, in part because back surgery patients have a 10% chance of requiring surgical follow-ups each year after their initial procedure. SCS also requires less hospitalization, diagnostic imaging, and post-surgery physical therapy than back surgery. For FBSS patients in particular, SCS is very economical and is likely to pay for itself in 2.1 to 5.5 years².

(continued on back)

SCS has been shown to be an effective therapy for several types of chronic pain, including pain caused by FBSS³. SCS has a further advantage of being an option for back pain patients who are unable to have back surgery. Additionally, since SCS procedures are minimally invasive, they usually do not preclude patients from having back surgery at a later time.

REFERENCES

¹ North RB, Guarino AH. Spinal Cord Stimulation for Failed Back Surgery Syndrome: Technical Advances, Patient Selection and Outcome. *Neuromodulation* 1999;2: 171–178.

² Bell GK, Kidd D, North RB. Cost-effectiveness Analysis of Spinal Cord Stimulation in Treatment of Failed Back Surgery Syndrome. *Journal of Pain and Symptom Management* 1997;13:286–295.

³ Krames, E. Spinal Cord Stimulation: Indications, Mechanism of Action, and Efficacy. *Current Review of Pain* 1999;3:419–426.

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Innovative Techniques for Pain Relief

Pain that persists for more than three to six months is considered chronic pain. At Central Texas Pain Institute we specialize in assisting individuals whose chronic pain has not responded to conventional treatments such as bed-rest, medication, physical therapy and surgery.

The following is a list of some procedures we offer:

- Caudal Steroid Injection
- Cervical Steroid Injection
- Dekompressor Discectomy
- Discography
- Facet Joint Injections
- Intrathecal Pump Implant
- Lumbar Epidural Steroid Injection
- Lumbar Radiofrequency Neurotomy
- Lumbar Sympathetic Block
- Lumbar Transforaminal Epidural Steroid Injection
- Medial Branch Block
- Percutaneous Disc Nucleoplasty
- Sacroiliac Joint Steroid Injection
- Spinal Cord Stimulator Implant
- Stellate Ganglion Block
- Vertebroplasty

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Dr. Mahendru is a fellowship trained pain management physician. He completed multiple fellowships in pain therapy at Roswell Park Cancer Center, Harvard Medical School, and Texas Tech University. Dr. Mahendru is often requested to publish articles in medical journals and lecture at national events, his work and dedication are widely recognized.



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