

Chronic Pain Management Service

Spinal Cord Stimulation (SCS)

The Trial

August 2021

Great Staff – Great Care – Great Future

Introduction

This leaflet has been written to help guide you through your spinal cord stimulator system trial. We encourage you to read this booklet and please feel free to ask any questions prior to and during the trial as we want to ensure that you get the best chances of success from the trial.

Why do I need a trial?

Spinal Cord Stimulation (SCS) may not help relieve your pain. People have a trial (usually between 3 - 7 days) to help decide between yourself and the pain team that this therapy gives pain relief but also that this relief is significant enough to make a difference to your daily life.

Consent

Before your trial, you will attend clinic where you will complete the consent process with your consultant from the pain team who will discuss the procedure and the type of anaesthetic you will require. Please use this opportunity to ask any further questions.

The day of the procedure

You will receive a letter regarding the date and time of your hospital appointment. On the day of the trial, you will see a member of the Pain Team and anaesthetic staff; they will ask questions regarding your general health and ask if you have any further questions.

Theatre

You will go into theatre and we will ask you to lie on your stomach for approximately 1 hour. We will try to make you as comfortable as possible with pillows. Once in position we will take a series of X-rays and then the doctor will numb your back with some local anaesthetic. A wire will be passed under the skin and up alongside the spinal cord and we will then add a small electric current. For some patients we need to ask if they get a pleasant tingling sensation in the area of their pain. Once we are satisfied that the lead(s) are in the correct place, we secure them. One end of the lead is tunneled under the skin and exits the skin to the side of the lower back. This end of the lead will be connected to a small external battery. Dressings are applied on top.

Returning to the ward

A short time after the procedure, you will be reviewed by one of the pain nurses. They will familiarise you with how to operate the battery and remote and make sure you are confident on how to use it. The dressings **MUST** remain in place; if any begin to peel off during your trial period simply apply further dressings over the top. It is vital that the dressings remain undisturbed an infection could cause a serious illness or a delay to the healing of the wounds. Extra dressings will be given before your discharge.

During the trial, we ask you to keep a pain diary to record if and how your pain has improved. We ask you to note down pain scores and what differences you have noticed i.e. improvement of sleep. **This diary must be completed and brought to your next appointment at the end of your trial.**

For some patients you will be able to return home and for others you may be asked to stay overnight especially if you require antibiotics or X-rays. Please check at the consent appointment as to whether you need to stay overnight.

End of the trial

You will be given a date to return to the Pain Clinic to review how successful the trial has been and to assess your wounds. If the trial has been deemed a success by yourself and the Pain Team the end of the lead will be cut and a dressing will be placed on top. This will stop your therapy and unfortunately your pain will return.

For those who are unsure whether the therapy has been successful or not, this appointment gives us the opportunity to discuss the situation. For some, we will be able to continue with the trial for a further few days but if we suspect an infection, the trial will be stopped. We limit the length of trials to avoid the risk of infection.

Battery implant

If your trial has been a success, there will be a delay between the end of your trial and having the battery implanted. This delay will give us some time to be confident that there is no infection and will also give you time to recover from the first procedure.

You will not receive any therapy from the end of the trial to the battery implant. In some patients, we only start the therapy after wounds have fully healed.

Other issues to consider

Medication

Once you have started your trial we ask you to remain on your usual medication. Even if you have a great response from the therapy, sudden medication changes may make you feel unwell and this would confuse the effects and response of the trial.

Feeling unwell

If you start to experience flu like symptoms, fever, chills or nausea please contact the Pain Clinic immediately (numbers at the end of this leaflet). If this is out of hours please go to your nearest Emergency Department but please contact us as soon as possible. It is normal to have a small amount of blood to the dressing.

Technical issues

Please contact us if you have any questions or queries about the battery or handset during your trial.

Should you require further advice on the issues contained in this leaflet, please do not hesitate to contact the Pain Team **(01482) 678868**

Further information

You may wish to find out more about spinal cord stimulation. We recommend the following websites;

- www.nice.org.uk/
- www.nlm.nih.gov/medlineplus/ency/article/007560.htm
- <https://paindoctor.com/treatments/spinal-cord-stimulation/>
- www.britishpainsociety.org/static/uploads/resources/files/book_scs_patient.pdf

This leaflet was produced by the Pain Team, Hull University Teaching Hospitals NHS Trust and will be reviewed in **August 2024**.

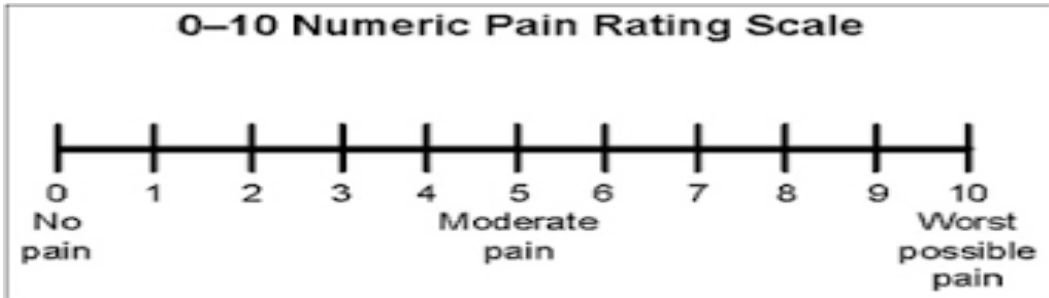
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PAIN DIARY

Baseline (before the trial)

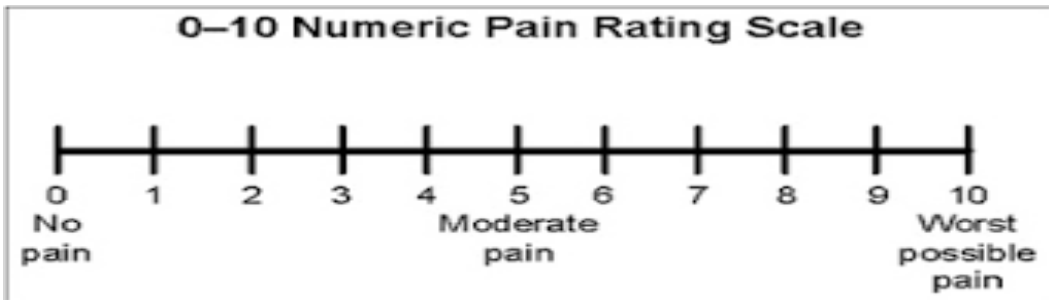
1. How do you rate your pain over the last week?

Please circle the appropriate number on the rating scale



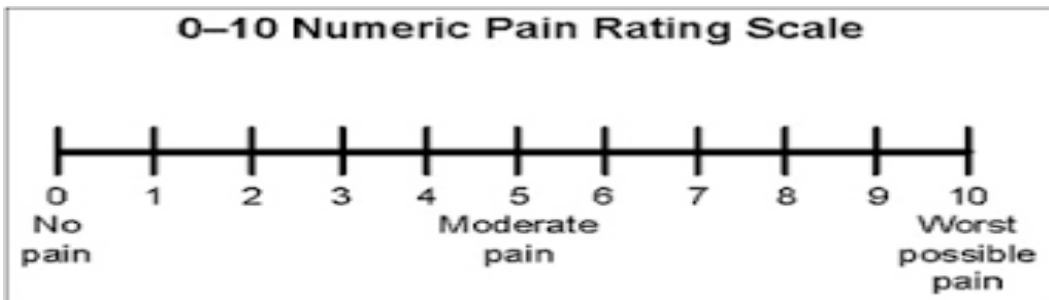
2. How do you rate your worst pain over the last week?

Please circle the appropriate number on the rating scale



3. How do you rate your least pain over the last week?

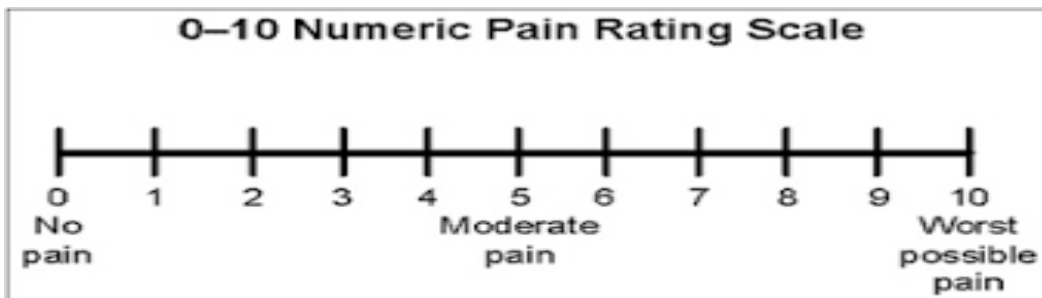
Please circle the appropriate number on the rating scale



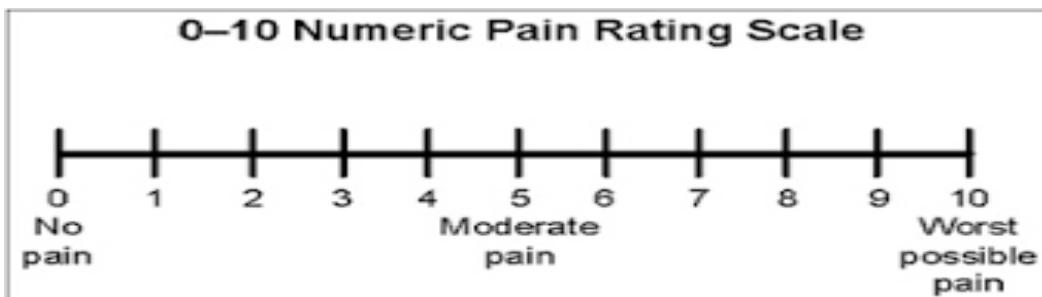
4. Please write below a list of your current medication including the dose and frequency each day.

DAY 1 (following implant)

10.00am - Please rate your pain score on average by circling the appropriate number on the rating scale.



10.00pm - Please rate your pain score on average by circling the appropriate number on the rating scale.



Global Perceived Effect (PE)

How do you rate the pain relief received from your stimulator? (Please tick one option only)

- 1. Worst ever
- 2. Much worse
- 3. Worse
- 4. Not improved/not worse
- 5. Improved
- 6. Much improved
- 7. Best ever



Do you have any additional comments regarding your pain today?

How much of your painful area is covered by your device?

0 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Poor

Excellent

How many hours per day do you use your device?

=.....hours

Do you have any additional comments regarding your pain today?

How much of your painful area is covered by your device?

1 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Poor

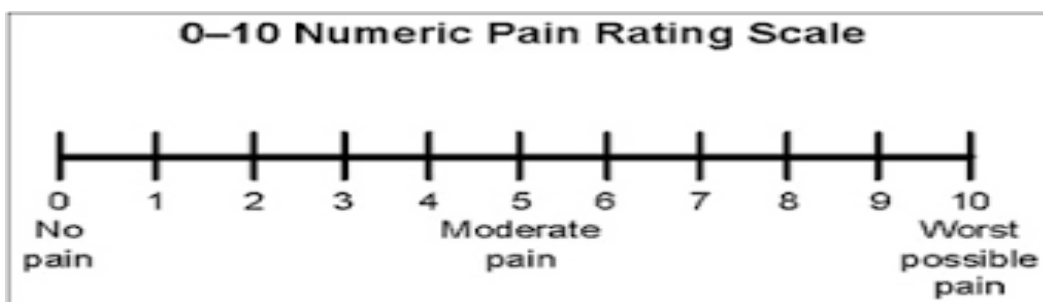
Excellent

How many hours per day do you use your device?

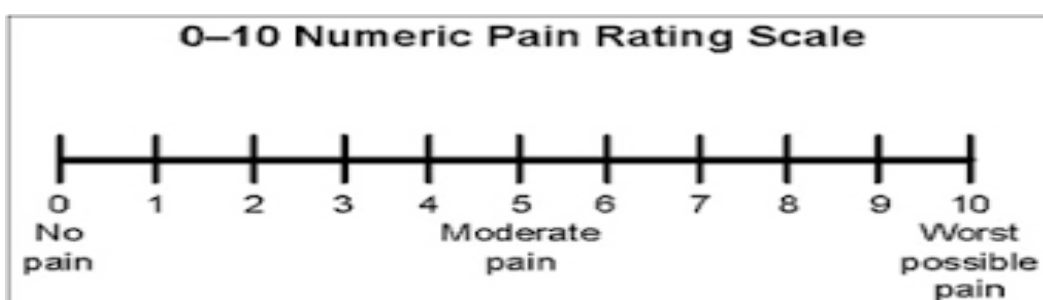
=.....hours

DAY 3 (following implant)

10.00am - Please rate your pain score on average by circling the appropriate number on the rating scale.



10.00pm - Please rate your pain score on average by circling the appropriate number on the rating scale.



Global Perceived Effect (PE)

How do you rate the pain relief received from your stimulator? (Please tick one option only)

- 1. Worst ever
- 2. Much worse
- 3. Worse
- 4. Not improved/not worse
- 5. Improved
- 6. Much improved
- 7. Best ever

Do you have any additional comments regarding your pain today?

How much of your painful area is covered by your device?

0 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Poor

Excellent

How many hours per day do you use your device?

=.....hours

Do you have any additional comments regarding your pain today?

How much of your painful area is covered by your device?

1 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Poor

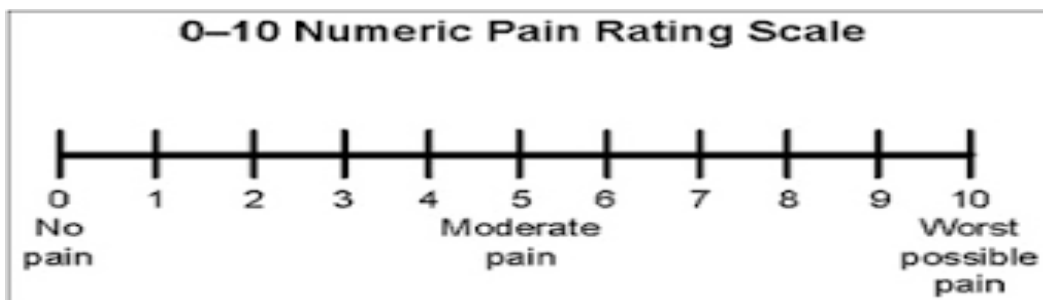
Excellent

How many hours per day do you use your device?

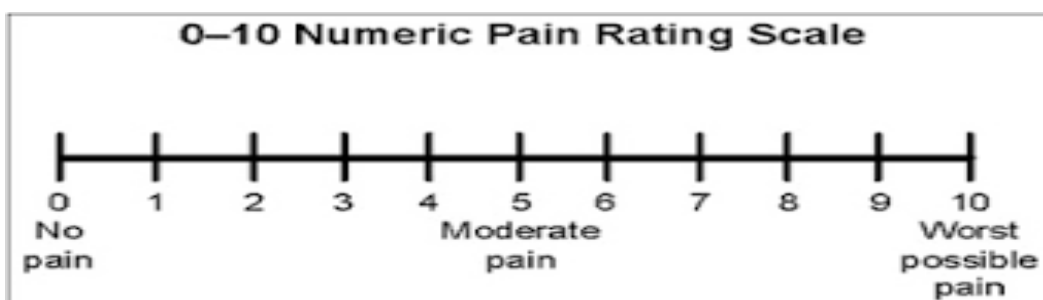
=.....hours

DAY 5 (following implant)

10.00am - Please rate your pain score on average by circling the appropriate number on the rating scale.



10.00pm - Please rate your pain score on average by circling the appropriate number on the rating scale.



Global Perceived Effect (PE)

How do you rate the pain relief received from your stimulator? (Please tick one option only)

- 1. Worst ever
- 2. Much worse
- 3. Worse
- 4. Not improved/not worse
- 5. Improved
- 6. Much improved
- 7. Best ever

Do you have any additional comments regarding your pain today?

How much of your painful area is covered by your device?

2 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Poor

Excellent

How many hours per day do you use your device?

=.....hours

Do you have any additional comments regarding your pain today?

How much of your painful area is covered by your device?

3 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Poor

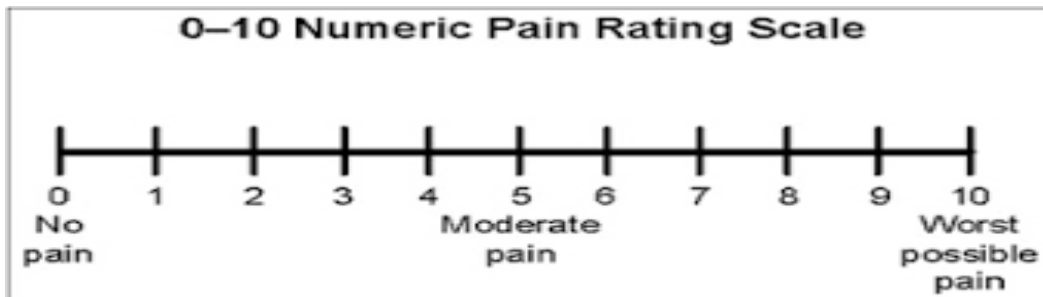
Excellent

How many hours per day do you use your device?

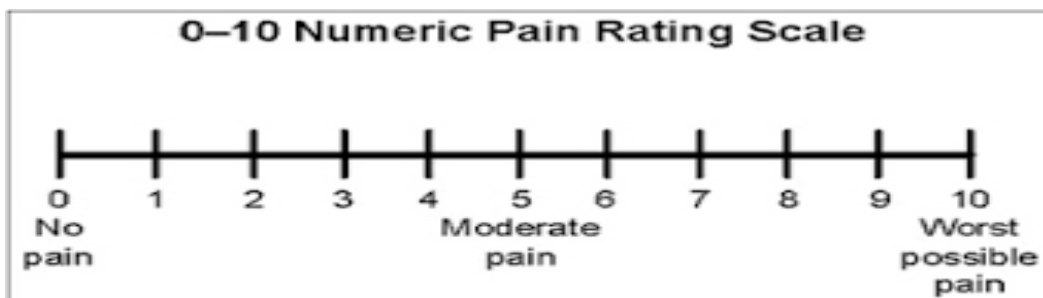
=.....hours

DAY 7 (following implant)

10am - Please rate your pain score on average by circling the appropriate number on the rating scale.



10pm - Please rate your pain score on average by circling the appropriate number on the rating scale.



Global Perceived Effect (PE)

How do you rate the pain relief received from your stimulator? (Please tick one option only)

- 1. Worst ever
- 2. Much worse
- 3. Worse
- 4. Not improved/not worse
- 5. Improved
- 6. Much improved
- 7. Best ever

Do you have any additional comments regarding your pain today?

How much of your painful area is covered by your device?

0 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Poor

Excellent

How many hours per day do you use your device?

=.....hours

Do you wish to proceed to a full implant? YES NO