Spinal Cord Stimulator (SCS) Trial

Diagnosis: Post-Laminectomy Syndrome/Complex Regional Pain Syndrome (CRPS)

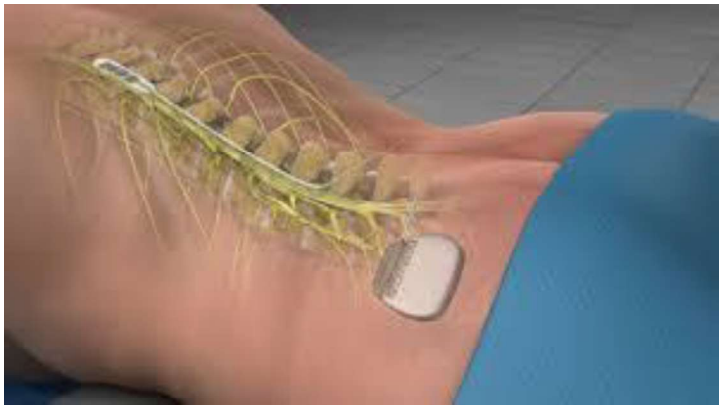
Procedure: The patient is brought to the procedure room and placed on his/her stomach. Using fluoroscopic guidance, the spine is visualized and target entry point is identified. The skin overlying the injection site is then cleaned with a sterilizing solution. Local anesthetic is used to anesthetize the injection site. Then, the SCS needle is advanced to the epidural space. Once the needle is in the correct position, two trial leads of electrodes are advanced under direct fluoroscopic guidance and confirmed using fluoroscopic imaging. After lead placement, the needles are removed. The electrodes are adjusted to cover the areas of pain. The leads are then secured to the skin with sterile dressing. The patient is then taken to the recovery room until discharge. The patient is educated on appropriately using the stimulator. The patient will then return within seven days for removal of the leads.

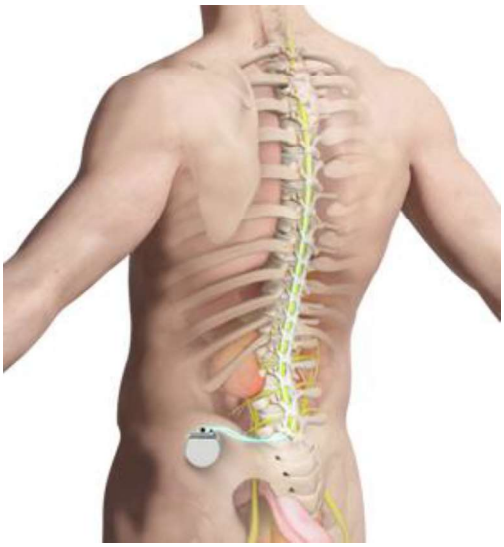
Medications used: Local anesthetic

Recovery: 30 minutes after sedation

Potential risks of Percutaneous placement of Spinal cord stimulator trial are minimal and are similar to any procedure involving a needle placement. These include, but are not limited to:

- Allergic reaction to the anesthetic or contrast dye. *Be sure to inform us before the injection if you have any known allergies*
- Bleeding
- Infection
- Temporary pain at the injection site





ASCEND
PAIN & WELLNESS