

Spinal Cord Stimulator/Dorsal Root Ganglion Stimulation Implant

General Information

Your health care provider has determined spinal cord stimulation/dorsal root ganglion stimulation may be helpful in treating your chronic pain condition. Spinal cord stimulation is a method of neuromodulation or changing the perception of your pain by stimulating nerves. The spinal cord stimulation therapy is a pacemaker like device that creates a warm, pleasant, tingling sensation overlying your painful area. Now that your trial was successful, a surgery to place the system for ongoing therapy has been selected by you and your health care provider.

Spinal cord Stimulation therapy has been used to treat a variety of disorders, including:

- Back pain
- Leg pain/Sciatica
- Neck pain
- Arm pain (radiating from the neck)
- Spinal Stenosis
- Herpes Zoster/Post herpetic Neuralgia
- Disc pain
- Abdominal and pelvic pain
- Face pain
- Headache
- Ischemic pain
- Angina
- Phantom limb pain

Procedure Information: What to Expect

Prior to the injection appointment, there may be some medications that need to be stopped, and your health care provider will discuss these with you. They could include blood-thinning (anticoagulant), antiplatelet medications and/or anti-inflammatory medications such as aspirin, Xarelto, Coumadin, Plavix etc.

The procedure is performed in a surgery center. You will be given a special Hibiclens wipe and soap to use on the day prior to your surgery.

After arrival and check in, you are brought to the pre-operative area where you will be placed in a gown. An IV will be placed in your arm at that time for preoperative antibiotics. Then, you will be escorted to the procedure room. An anesthesiologist will give you medication to help relax and sedate you through the procedure. You will have twilight sedation (similar to a colonoscopy). You may still recall hearing sounds from the operating room and may feel light pressure during the procedure.

You will lay on your stomach (facing down) with your back or neck exposed. An X-ray/fluoroscope is used to see the bones to guide needle placement. After a cold, cleaning solution is placed on your skin, it is important not to touch the area. You will be draped to ensure the cleaned area remains sterile. You may feel a pinch and a burn (much like a bee sting), which is the local anesthetic (numbing medicine), both for the lead placement location and the IPG (battery) site. Small incisions are created to implant the therapy. The leads are introduced in similar fashion as

the trial procedure and then retested. Your doctor and the device representative may briefly awaken you to talk with you to ensure proper lead placement. The leads are then tunneled and connected to the IPG and the incisions are closed. A sterile dressing is placed, which may include an abdominal binder (corset dressing). You are then escorted to the post-operative area and then discharged to home.

Post-Procedure Instructions

What are post operative instructions I need to follow?

- **Incision Care:** Do not remove your dressing until your follow up appointment. Please call us with any changes or concerns such as: redness, swelling or drainage at incision site, or temperature greater than 101°. (Clear liquid drainage in the first 24 hours is normal)
- **Bathing:** You may have a sponge bath or shower 72 hours after the procedure but pay close attention to keep the incision area and dressing site completely DRY; avoid scrubbing the incision site for 72 hours. No baths or swimming until approved by the physician or physician assistant at your follow up appointment
- **Activity restrictions:**
 - Recommend taking it easy for the rest of the day
 - You **MAY** do normal routine activities such as return to work, do household tasks etc
 - For 4 weeks after surgery:
 - No strenuous activity (running, weightlifting, moving heavy objects)
 - No bending, twisting at the waist
 - No lifting greater than 10lbs
- **Exercise:** Increase your light activity, such as walking, as tolerated
- **Driving:** You may drive the day after the procedure if you feel okay to do so. Do not drive if you are taking pain medications
- **Diet:** Eat a healthy diet to promote healing
- **Smoking:** Avoid smoking. Smoking decreases the rate of bone and skin healing and interferes with the effectiveness of pain medication
- Take postoperative antibiotics as directed
- Keep abdominal binder on during activities to prevent the leads from migrating/shifting
- Keep post-operative appointment

When will I notice relief?

- You will likely have soreness and pain from the needle placement and incision and thus use of ice, Tylenol, NSAIDs, muscle relaxants may be helpful in the first 5-7 days after the implant
- Relief from the stimulation may take up to 1-2 weeks for it to be noticeable. It may require adjustments/reprogramming over the first 2-3 months to get the best coverage of your painful areas
 - Reprogramming may be needed periodically for as long as the stimulator is implanted to adjust coverage to the painful area
- **Intended relief is >50% improvement in pain and quality of life (sleep, mood, function)**

What follow up do I need?

- 1-2 weeks: Follow up with surgeon to ensure you are healing as intended
- 4 weeks: Follow up with pain management specialist to ensure you are healing appropriately and reprogram device if needed
- 8 weeks: Follow up for possible reprogramming and to start physical therapy post SCS/DRG implant

Please contact our office (815) 398-9491 if you experience:

- Significant weakness in the arms or legs for more than 24 hours
- Redness or swelling around injection site for more than 24 hours
- Bladder or bowel accidents and/or numbness around the groin
- Fever or chills
- Significant bleeding at the incision site