Evidence-Based Guidelines on Patient Selection and Trial Stimulation for Spinal Cord Stimulation (SCS) Therapy for Chronic Pain

Developed by ASRA Pain Medicine in collaboration with ESRA, NANS, and IoN

15-member guidelines panel with multidisciplinary representation from anesthesiology, physical medicine and rehabilitation, neurosurgery, psychology, epidemiology, and a patient partner

Patient Selection and the Need for Trial

USPSTF Grading: Level of Certainty

**Grade B (moderate certainty):**

A trial should be performed before offering a definitive SCS implant.

**Grade B (moderate certainty):**

Do not consider an on-table trial equivalent to a traditional SCS trial.

**Grade B (low certainty):**

Screen all patients for high-risk psychosocial factors before offering SCS therapy.

**Grade B (moderate certainty):**

Use individualized approach to set realistic expectations regarding trial outcomes.

**Grade C (moderate certainty):**

Disclose higher failure and complications risk in patients with high BMI, smokers, high opioid doses (>90 mg of morphine/day).

Trial Conduct and Evaluation

USPSTF Grading: Level of Certainty

**Grade B (moderate certainty):**

Use percutaneous approach with attempts to capture paresthesia in >80% of pain areas ("paresthesia-based stimulation").

**Grade D (moderate certainty):**

Avoid placement of trial leads under GA and a trial duration of >10 days.

**Grade A (high certainty):**

Administer prophylactic antibiotic for all patients having SCS trials.

**Grade B (moderate certainty):**

Evaluate a trial for pain relief, functional improvement, stable or decreased analgesic use, and overall satisfaction.

**Grade A (high certainty):**

Consider ≥50% pain relief for trial success.

**Grade C (low certainty):**

If pain improvement is <50%, look for substantial changes in functions or analgesic use. 