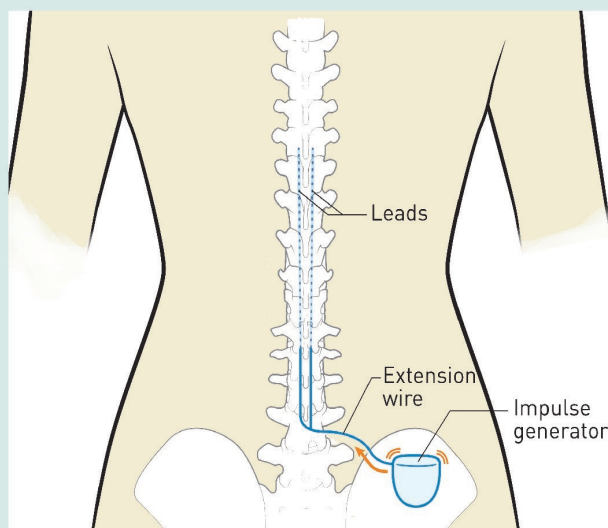


Evidence-Based Guidelines on Patient Selection and Trial Stimulation for Spinal Cord Stimulation (SCS) Therapy for Chronic Pain

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

Trial Conduct and Evaluation

USPSTF Grading; Level of Certainty

Grade B
(moderate certainty):

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

Grade B
(moderate certainty):

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

Grade B
(moderate certainty):

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

Grade D
(moderate certainty):

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

Grade B
(low certainty):

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

Grade A
(high certainty):

Administer prophylactic antibiotic for all patients having SCS trials.

Grade B
(moderate certainty):

Use individualized approach to set realistic expectations regarding trial outcomes.

Grade B
(moderate certainty):

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

Grade C
(moderate certainty):

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

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.



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