

Post Laminectomy Syndrome

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Spinal cord stimulation, or SCS, is an effective therapy for many types of chronic, intractable pain, including pain caused by failed back surgeries. In fact, the most common use for SCS is to treat patients with failed back surgery syndrome (PLS). Studies have indicated that most PLS patients get satisfactory results from SCS¹. Plus SCS is less invasive and costs less than back surgeries or similar interventions².

SCS involves using an implanted device to send electrical pulses to electrodes located on leads that are placed in the epidural space of the spinal cord. The device may be powered by its own battery or by radio-frequency energy sent to it from a battery-powered external unit. The leads are implanted near the area of the spinal cord that is transmitting the patients' pain. When the leads are activated, patients feel paresthesia rather than pain in targeted areas of the body. The leads may be used singly or in pairs, and each lead has arrays of electrodes that can be turned on in combinations to maximize the paresthesia effect. Patients who receive SCS implants undergo stimulation trials beforehand, during which they must experience successful paresthesia from percutaneously inserted leads.

Compared to back surgery, SCS is a cost effective alternative, in part because back surgery patients have a 10% chance of requiring surgical follow-ups each year after their initial procedure. SCS also requires less hospitalization, diagnostic imaging, and post-surgery physical therapy than back surgery. For PLS patients in particular, SCS is very economical and is likely to pay for itself in 2.1 to 5.5 years².

SCS has been shown to be an effective therapy for several types of chronic pain, including pain caused by PLS³. SCS has a further advantage of being an option for back pain patients who are unable to have back surgery. Additionally, since SCS procedures are minimally invasive, they usually do not preclude patients from having back surgery at a later time.



REFERENCES

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