

## **Key Facts about Spinal Cord Stimulators**

In October 2008 NICE recommended Spinal Cord Stimulators (SCS) as a treatment option for adults with chronic pain of neuropathic origin, for whom conventional medical management has been ineffective. NICE concluded that SCS offer a more effective treatment for reducing pain than conventional medical management and should be considered a “cost-effective use of NHS resources”.

### **What is neuropathic pain?**

Neuropathic pain is caused by damage or dysfunction in the nervous system. It is a very complex condition and is associated with many aetiologically heterogeneous conditions. The most common ones are: Failed Back Surgery Syndrome, a general term used to describe persistent low back pain and leg pain in patients who have had back or spine surgery; and Complex Regional Pain Syndrome, a condition that appears on the distal aspect of a limb, usually after an injury, which may even be minor in nature.

### **How does it work?**

A typical SCS system has four components:

- an implantable pulse generator (IPG): this is the power source for the SCS and is surgically implant under the skin in the abdomen.
- electrodes which are implanted into the epidural space near the spinal cord
- an extension lead that connects the electrodes to the pulse generator
- a hand-held remote control which the patient uses to control the level of stimulation

Treatment with SCS is usually only considered after standard treatments – including pharmacological, non-pharmacological and surgical – have failed or become ineffective. SCS modify

the perception of neuropathic pain by stimulating the dorsal column of the spinal cord. The treatment is minimally invasive and reversible. New generation IPGs are rechargeable, which reduces the number of replacement procedures and improves the patient’s quality of life.

### **Barriers to access**

The main barrier for SCS treatment is the lack of referral from gate-keeping physicians (GPs or pain specialists). Funding for SCS is also a prominent barrier for patients trying to access the treatment. Under the tariff system, SCS has been excluded as its costs were not reflected in the relevant healthcare resource groups. There are no specific budgetary arrangements for devices that are excluded from Payment by Results, and therefore PCTs must find additional money to fund the use of these devices.

### **What will change?**

NICE’s decision is excellent news for patients and for the NHS as a whole. SCS are a cost-effective use of NHS resources and can create savings in other areas of the NHS as patients reduce their reliance on medication and their consultations with GPs and pain specialists.

However, it takes much longer to implement NICE Guidance for medical devices than for drugs, because they are more complex, usually requiring changes in the pathways of care, medical professionals training, and more efforts to ‘make it happen’. Effective monitoring of the implementation of this guidance is essential and will help to ensure that SCS therapy is delivered to eligible patients in need. The MTG calls upon PCTs, SHAs and other stakeholders to actively seek implementation of this NICE Guidance.

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