

EXPERIENCE IN IMPLANTABLE NEUROMODULATION IN FAILED BACK SURGERY SYNDROME AT AN UNIVERSITY HOSPITAL IN PORTUGAL



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Objectives

Spinal cord stimulation (SCS) is an analgesic technique used to treat refractory neurophatic pain, including cases of failed back surgery syndrome (FBSS). Epidural electrodes are placed and connected to an implantable electric impulse generator. Pain modulation is a result of receptors activation, inhibitory neuropeptides production, and reduction of nociceptive stimulus transmission. Our objective is to review all cases of SCS for FBSS in our institution and conduct an efficacy analysis.

Methods

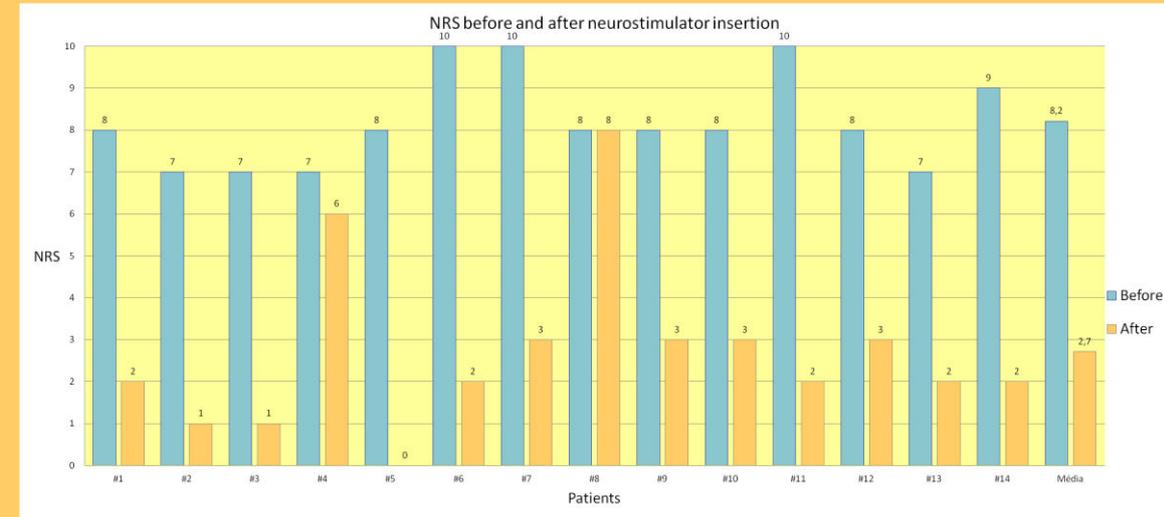
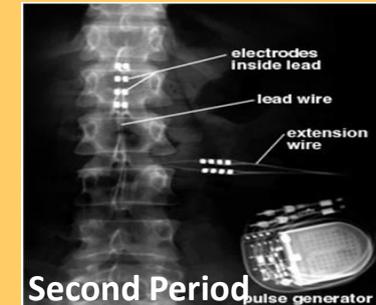
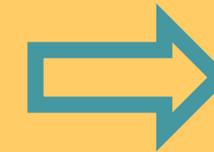
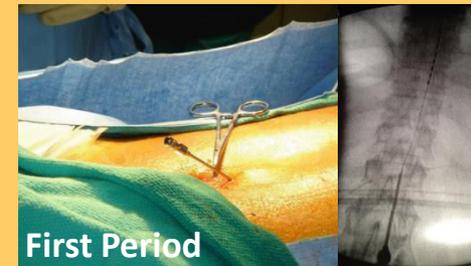
Retrospective study, including all cases of SCS for FBSS at our hospital. Review of SCS database of our interventional pain department.

Results

In the past five years, 14 spinal cord stimulators were implanted for treating FBSS. 64,3% of those patients were women, mean age was 50 (standard deviation (sd) 7,79) years-old and 11 points numerical rating scale for pain (NRS) before treatment was 8,21 (sd 1,12). After treatment, NRS was 3,21 (sd 2,83), Patient global impression of change was improved or very much improved in 71,4% of the patients and responders rate, defined as a 50% reduction in pain score after treatment was 78,6%. A wilcoxon signed rank test proved the pain records (NRS before vs. after) to be significantly different for a 95% confidence interval (0,002).

Conclusion

At our center SCS for FBSS was used in cases of surgical and medical treatment failure. All patients maintained conventional analgesia, however, with reduction in doses/number of drugs. Pain scores were significantly different in this sample as well as patients global impression of change.



Bibliography

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