

## Quick reference guide

# Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin

## Guidance

- 1 Spinal cord stimulation is recommended as a treatment option for adults with chronic pain of neuropathic origin who:
  - continue to experience chronic pain (measuring at least 50 mm on a 0–100 mm visual analogue scale) for at least 6 months despite appropriate conventional medical management, and
  - who have had a successful trial of stimulation as part of the assessment specified in recommendation 3.
- 2 Spinal cord stimulation is not recommended as a treatment option for adults with chronic pain of ischaemic origin except in the context of research as part of a clinical trial. Such research should be designed to generate robust evidence about the benefits of spinal cord stimulation (including pain relief, functional outcomes and quality of life) compared with standard care.
- 3 Spinal cord stimulation should be provided only after an assessment by a multidisciplinary team experienced in chronic pain assessment and management of people with spinal cord stimulation devices, including experience in the provision of ongoing monitoring and support of the person assessed.
- 4 When assessing the severity of pain and the trial of stimulation, the multidisciplinary team should be aware of the need to ensure equality of access to treatment with spinal cord stimulation. Tests to assess pain and response to spinal cord stimulation should take into account a person's disabilities (such as physical or sensory disabilities), or linguistic or other communication difficulties, and may need to be adapted.
- 5 If different spinal cord stimulation systems are considered to be equally suitable for a person, the least costly should be used. Assessment of cost should take into account acquisition costs, the anticipated longevity of the system, the stimulation requirements of the person with chronic pain and the support package offered.
- 6 People who are currently using spinal cord stimulation for the treatment of chronic pain of ischaemic origin should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

## Implementation tools

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website ([www.nice.org.uk/TA159](http://www.nice.org.uk/TA159)).

- Local costing template incorporating a costing report to estimate the savings and costs associated with implementation.
- Audit support for monitoring local practice.
- A costing statement explaining the resource impact of this guidance.

## Further information

### Ordering information

You can download the following documents from [www.nice.org.uk/TA159](http://www.nice.org.uk/TA159)

- A quick reference guide (this document) – a summary of recommendations for healthcare professionals.
- ‘Understanding NICE guidance’ – information for patients and carers.
- The full guidance.
- Details of all the evidence that was looked at and other background information.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email [publications@nice.org.uk](mailto:publications@nice.org.uk) and quote:

- N1699 (quick reference guide)
- N1700 (‘Understanding NICE guidance’).

## Related NICE guidance

For information about NICE guidance that has been issued or is in development, see the website ([www.nice.org.uk](http://www.nice.org.uk)).

## Under development

- Low back pain: the acute management of patients with chronic (longer than 6 weeks) non-specific low back pain. NICE clinical guideline (publication expected May 2009).

## Updating the appraisal

This technology appraisal will be considered for review in November 2011. Information about the progress of a review will be posted on the NICE website ([www.nice.org.uk/TA159](http://www.nice.org.uk/TA159)).

This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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