

ROYAL COLLEGE OF ANAESTHETISTS

FACULTY OF PAIN MEDICINE

Response to NICE Health Technology Appraisal: Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin

The Faculty of Pain Medicine, Royal College of Anaesthetists is responsible for training, assessment, professional standards and continued professional development of specialist medical practitioners involved in the treatment of pain in the UK. It supports a multidisciplinary approach to pain services and research into improving treatments. The Faculty's response to NICE is submitted in this context.

We understand that NICE will perform a comprehensive literature review; the Faculty has not formally repeated this exercise. However, we are aware of the published work and present clinical practice in the UK.

We would like to submit the following comments:

1. It is very difficult to perform well controlled, randomised clinical trials in this complex area and the extent and quality of the literature is relatively limited. However, we believe that there is evidence to support the use of spinal cord stimulation in selected patients for chronic pain of neuropathic or ischaemic origin, including failed back surgery syndrome with radicular pain, complex regional pain syndrome, angina and peripheral ischaemic pain.
2. Spinal cord stimulation should only be considered when all other, less invasive techniques have failed, including a multidisciplinary, psychologically-based approach to pain management.
3. The devices should be inserted by practitioners who have been appropriately trained and undertake regular appraisal, personal audit and continuing medical education. The patient should be supported by a multidisciplinary team trained to a high standard.
4. It is essential that patients are reviewed on a regular basis after insertion of the device, including responding rapidly and appropriately to emergency situations e.g. infection. Arrangements for this service should be clear, funded and sustainable in every centre inserting devices.
5. Chronic pain is usually a complex multidimensional problem and patients experience serious disability and disruption of daily activities. Spinal cord stimulators should not be regarded as a single solution to all these problems but rather as a means to facilitate rehabilitation and return to normal function. This may require concurrent use of appropriate medication and treatments such as functional restoration or cognitive behavioural pain management programmes.

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- | 6. All patients should be trained and educated in the use of the device and have easy access to healthcare professionals who can give advice when required. Formatted: Bullets and Numbering

- | 7. More data on the efficacy and complications of spinal cord stimulation for this indication are needed. We recommend that outcome data should be recorded formally in every patient who receives a device as part of a detailed audit or clinical trial. Consideration should be given to the establishment and funding of a national audit and register to ensure that data are shared and influence practice. Formatted: Bullets and Numbering

- | 8. More evidence is required to assess the efficacy of spinal cord stimulation for other indications. NICE guidelines should not prohibit the use of spinal cord stimulation for these as long as the devices are inserted in accordance with the recommendations made in this response. Formatted: Bullets and Numbering

We hope that you find this submission useful; please do not hesitate to contact the Faculty of Pain Medicine if further information is required.

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November 20, 2007