**NEUROSTIMULATION FOR CHRONIC PAIN AND ISCHEMIC DISEASES: CONSENSUS RECOMMENDATIONS**

**Neuromodulation Appropriateness Consensus Committee** extensively evaluated literature reviews, clinical trials and expert opinions.

**SAFETY OF NEUROSTIMULATION**
- Relatively safe, minimally invasive and reversible
- Shown to reduce opioid consumption
- More effective than reoperation in FBSS

**COMPLICATIONS**
- SCS has a low risk of major complications
- Minor complications include electrode fracture or lead migration which are correctable

**COST-EFFECTIVENESS**
- SCS is more cost-effective than conservative medical management alone for FBSS and CRPS

**NEUROMODULATION RECOMMENDATIONS: HIGHLIGHTS**

**DISEASE-SPECIFIC RECOMMENDATIONS**
- Better outcomes when used earlier in disease course
- Cervical SCS for upper extremity neuropathic pain
- SCS for CRPS I & II
- Conventional SCS or DRG for radicular pain
- Use early SCS for FBSS
- Trial DRG for discrete areas of neuropathic pain

**AREAS THAT DESERVE CAUTION**
- SCS for multiple pain generators
- Use PNS for areas of pain innervated by named nerves
- SCS for postamputation pain
- SCS with implanted pacemaker or defibrillator is possible, consult cardiology
- SCS for painful diabetic neuropathy

**CONCLUSIONS**

Appropriate neuromodulation is safe and effective in some chronic pain conditions.

Technological advancements and new clinical evidence will continue to expand its use.

Brought to you by #NANSRFS