ROYAL COLLEGE OF ANAESTHETISTS

FACULTY OF PAIN MEDICINE

Technology Assessment Report commissioned by the NHS R&D HTA Programme on behalf of the National Institute for Health and Clinical Excellence: Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin

Thank you for the opportunity to comment on the above report.

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 this report is submitted in this context.

We congratulate the authors of the report on the production of a comprehensive and detailed review of the available literature. Overall, we agree with your findings and conclusions.

We would like to submit the following comments:

1. In our original submission before the report was undertaken, we advised that spinal cord stimulation should only be considered when all other, less invasive techniques have failed, including a multidisciplinary, psychologically-based approach to pain management. The patients in the RCTs within this report were broadly in this category. We think that the report would be strengthened if this was stated in its summary. We must emphasise spinal cord stimulation is indicated only when other less invasive treatments have failed.

2. Again, as we commented previously, it is absolutely essential that these devices should be inserted by practitioners who have been appropriately trained and that that the patients are reviewed on a regular basis after insertion of the device, including responding rapidly and appropriately to emergency situations. Arrangements for this service should be clear, funded and sustainable in every centre inserting devices. It is very likely that these criteria applied to all the patients enrolled in the RCTs analysed in your report and were a major factor in the reported efficacy and safety. Therefore, your conclusions are only valid under these circumstances. We believe that a statement to this effect should be made in the summary and elsewhere in the report. This is essential in order to ensure that commissioners and patients do not get the mistaken impression that a spinal cord stimulation service is simply a small operation inserting a relatively simple but expensive device. There is a need to fund a service that can respond to these patients on a 24-hour, seven days a week basis.

3. We agree that more data on the efficacy and complications of spinal cord stimulation are required. We welcome that you have agreed with our recommendation that consideration should be given to the establishment of a national database and that further research is required to give more confidence in present findings in CRPS and ischaemic pain, and also to ascertain the efficacy of spinal cord stimulation for other pain indications.

We hope that you find our comments helpful and we congratulate you again on the production of this report.

[redacted]
On behalf of the Faculty of Pain Medicine
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