NHS
National Institute for Health and Clinical Excellence

Understanding NICE guidance

Information for people who use NHS services

Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin

NICE 'technology appraisal guidance' advises on when and how drugs and other treatments should be used in the NHS.

This leaflet is about when **spinal cord stimulation** should be used to treat people with chronic pain of neuropathic or ischaemic origin in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It does not cover the use of spinal cord stimulation for other types of chronic pain. It is written for people with chronic pain of neuropathic or ischaemic origin but it may also be useful for their families or carers or anyone with an interest in the condition.

It does not describe chronic pain of neuropathic or ischaemic origin or the treatments in detail – a member of your healthcare team should discuss these with you. Some sources of further information and support are on the back page.

Information about NICE technology appraisal guidance 159
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This may not be the only possible treatment for chronic pain of neuropathic or ischaemic origin. Your healthcare team should talk to you about whether it is suitable for you and about other treatment options available.

What has NICE said?

Spinal cord stimulation is recommended as a possible treatment for adults with chronic pain of neuropathic origin if they:

- continue to experience chronic pain (measuring at least 50 mm on a 0–100 mm visual analogue scale) for at least 6 months despite standard treatments, and
- have had a successful trial of spinal cord stimulation as part of an assessment by a specialist team (see below).

Treatment with spinal cord stimulation should only be given after the person has been assessed by a specialist team experienced in assessing and managing people receiving treatment with spinal cord stimulation. The team should also have experience in the ongoing monitoring of, and providing support to, people who are receiving treatment with spinal cord stimulation.

When carrying out an assessment and a trial of stimulation, the specialist team should be aware of the need to make sure that all people have equal access to treatment with spinal cord stimulation. Any tests carried out should take into account a person's disabilities, or speech or other communication difficulties, and may need to be adapted.

When different spinal cord stimulation systems are considered to be equally suitable for treating a person, the system with the lowest cost should be used. This should take into account the costs of the system, how long it is expected that the system will last, the stimulation requirements of the person to be treated, and the support package offered.

Spinal cord stimulation is not recommended for the treatment of adults with chronic pain of ischaemic origin unless they are taking part in a research study (clinical trial).

Healthcare professionals should not stop using spinal cord stimulation to treat chronic pain of ischaemic origin in those people who were already using it when the guidance came out. These people should be able to carry on using spinal cord stimulation until they and their specialists decide that it is the right time to stop treatment.

Chronic pain of neuropathic or ischaemic origin

Pain that has continued for more than several months, or for longer than is expected (for example, after an illness or injury), is often called chronic pain. Sometimes doctors will measure the severity of a person's pain using a tool called a 'visual analogue scale'.

Neuropathic pain is caused by problems with the body's nerves – this can be because the nervous system is not working properly or because the

nerves themselves have been damaged. The cause of neuropathic pain is often hard to identify, and more than one part of the body can hurt at the same time.

Ischaemic pain happens when there is less oxygen reaching tissues in the body than normal. This is usually caused by reduced flow of blood to a specific part of the body. Ischaemic pain is often felt in the legs or in the chest, but can be felt in any part of the body.

Spinal cord stimulation

Spinal cord stimulation is a method that can be used to relieve pain. A small device that produces mild electrical pulses is placed inside the body by an operation. These pulses are sent to the spinal cord, causing a 'stimulation' effect, which changes the way a person feels pain. The feeling of pain is masked with a tingling sensation in the area of the body that normally hurts.

The amount of pain relief that a person feels with spinal cord stimulation varies from person to person. As pain changes (improves or gets worse), the level of 'stimulation' can be adjusted. The device can also be taken out of the body at a later date if necessary.

What does this mean for me?

When NICE recommends a treatment, the NHS must ensure it is available to those people it could help, normally within 3 months of the guidance being issued. So, if you have had

- chronic pain of neuropathic origin for at least 6 months (measuring at least 50 mm on a 0–100 mm visual analogue scale) that has not been helped by standard treatments and
- a successful trial of spinal cord stimulation as part of an assessment

and your doctor thinks that spinal cord stimulation is the right treatment for you, you should be able to have the treatment on the NHS. Please see www.nice.org.uk/aboutguidance if you appear to be eligible for the treatment but it is not available.

Although there was evidence that spinal cord stimulation could provide benefits to some people with chronic pain of ischaemic origin, there was no evidence that spinal cord stimulation would provide value for money for the NHS. This means that you should not be offered spinal cord stimulation for the treatment of chronic pain of ischaemic origin routinely on the NHS unless you have been asked to take part in a research study (clinical trial). Your specialist should talk to you about other treatment options available to you.

If you are already using spinal cord stimulation for the treatment of chronic pain of ischaemic origin, you should be able to continue using it until you and your specialist decide it is the right time to stop.

More information

The organisations below can provide more information and support for people with chronic pain of neuropathic or ischaemic origin. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Action on Pain, 01362 820750
  www.action-on-pain.co.uk
- BackCare, The Charity for Healthier Backs, 0845 130 2704
  www.backcare.org.uk
- Pain Concern, 0844 499 4676
  www.painconcern.org.uk
- Pain Relief Foundation, 0151 529 5820
  www.painrelieffoundation.org.uk
- Pelvic Pain Support Network, 01202 604749
  www.pelvicpain.org.uk

NHS Choices (www.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider all the research on the disease or treatment, talk to people affected by it, and consider the costs involved. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and other versions of the guidance aimed at healthcare professionals are available at www.nice.org.uk/TA159

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N1700).

We encourage NHS and voluntary sector organisations to use text from this leaflet in their own information about chronic pain of neuropathic or ischaemic origin.

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