

Spinal cord stimulation is a safe, effective drug-free treatment for chronic pain

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Chronic pain affects up to 20% of people in developed countries, and represents not only a profound impact on individuals and their families but also a sizeable burden on employers, health care systems, and society in general. Now, a study published in the *Journal of Pain Research* finds another safe and effective drug-free treatment option for chronic pain sufferers - spinal cord stimulation (SCS).

Spinal cord stimulation, also known as dorsal column stimulation, uses low-voltage electrical stimulation to the spine to block the feeling of pain, via a small device implanted in the body. Spinal cord stimulation technologies are fast advancing, and an update of the literature was much needed. The study, authored by an Australian team, looks at recent evidence for safety, efficacy and cost-effectiveness of [spinal cord stimulation](#) in back and limb pain.

The authors reviewed the scientific evidence from three studies looking at the different routes of spinal cord stimulation: dorsal root ganglion SCS, burst wave form SCS and high frequency 10 (HF10) SCS. They found that the literature supports the use of traditional SCS for [chronic pain](#), and provides high-quality evidence that dorsal root ganglion SCS and HF10 SCS are safe and effective for back and leg chronic pain.

Lead author Paul Verrills from the Metro Pain Group in Melbourne, Australia, thinks the study findings represent "unheralded evidence that we can safely treat back and leg pain using spinal cord stimulation techniques." Most importantly, spinal cord stimulation has relatively few

side effects compared to other chronic pain therapies, and reduces the risks of complications.

Verrills goes on to say, "Spinal cord stimulation should now be considered earlier in the treatment continuum and not simply as an end-stage salvage therapy."

More information: Chantelle Sinclair et al, A review of spinal cord stimulation systems for chronic pain, *Journal of Pain Research* (2016). DOI: [10.2147/JPR.S108884](https://doi.org/10.2147/JPR.S108884)

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