

WK River Cities Interventional Pain Specialists

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Who are we? River Cities Interventional Pain Specialists is proud to serve Shreveport-Bossier and neighboring communities with a multi-disciplinary approach to pain management. **Doctors Randall P. Brewer, Rebecca A. Posner, and Matthew M. Mosura** are committed to providing compassionate, high-quality, leading-edge interventional and non-interventional pain management services. Our physicians are fellowship trained and board certified in Anesthesiology and Pain Management and are active in national societies, educational endeavors, and the latest research. We incorporate many advanced therapies into our practice including spinal cord stimulation (discussed below), radiofrequency, and vertebroplasty. We also recognize the important contributions that spine surgeons, physical therapists and psychologists make to our specialty and refer patients for treatment when appropriate.

We hope you enjoy the first edition of our quarterly newsletter for referring physicians. We also invite you to view our new website at www.rcips.com for additional information about our interventions and ongoing research studies.

PHYSICIAN EDUCATION

Spinal Cord and Peripheral Nerve Stimulation

Spinal cord stimulation or electroneuromodulation is a well-studied, proven technology that is experiencing resurgence in popularity. When conservative therapy fails, spinal cord stimulation can provide dramatic pain relief without additional medication. Spinal cord stimulation is able to control pain originating from the spine and the nervous system and peripheral nerve stimulation can control pain from other sources. First, an in-office trial takes place. One or two epidural leads are placed under fluoroscopy and connected to an external control device. The patient will feel a tingling sensation in their area of pain. The patient will take the device home for five to seven days prior to making a final decision regarding implantation. Once the decision is made to proceed with implantation, the patient is taken into the operating room and all components are placed under the skin. After two weeks of recovery, the device will be fully operational, though the first three to six months will be a period of adjustment as scar tissue forms. This period of adjustment is normal and actually helps the patient to fully understand the capabilities of their new spinal cord or peripheral nerve stimulator.



Peripheral nerve stimulation is increasingly popular and can provide dramatic pain relief because the lead is placed directly over the area of pain. Stimulation of the occipital and supra-orbital nerves can relieve headache pain and stimulation of the sacral nerve roots can provide pain relief in the pelvic region. The leads can also be placed under the skin to provide pain relief to the neck, mid-back, or low back. With the many options for placement available, the indications for spinal cord stimulation now include post-laminectomy syndrome, sciatica, degenerative disc disease, peripheral neuropathy, chronic regional pain syndrome, neck pain, headaches, migraines, thoracic pain, non-operative cardiac pain, pelvic pain, and post-herpetic neuralgia.



The complication rate for spinal cord stimulation is similar to other implantable devices and minor surgical procedures. The overall complication rate is less than 10%. More common complications include an infection requiring antibiotics, an infection requiring explantation or removal of the device, lead migration requiring reprogramming, and lead migration requiring surgical revision. If a patient has unique programming requirements or is prone to repeated lead migration, a spine surgeon can place a larger lead through a small laminectomy in the thoracic region. In some patients, the larger laminectomy leads can provide improved stimulation quality.

Spinal cord stimulation is a powerful method of pain control. It has become increasingly popular as we seek for alternatives to narcotics. Please contact our office if you have additional questions regarding this procedure.