**SCS trial**

OPERATIVE PROCEDURE

 Percutaneous stimulator lead trial

Surgeon: Amit Bhandarkar, M.D.

Date: 10/25/2016

Preoperative Diagnoses:

1.Failed back syndrome, following decompressive surgery of the back with sacroiliac joint pain and unresloved chronic axial back pain.

Postoperative Diagnoses:

1 Failed back syndrome, following decompressive surgery of the back with sacroiliac joint pain and unresloved chronic axial back pain.

PROCEDURES:

1.Spinal cord Stimulator lead trial

Assistant: None

Complications: None

Specimen: None

Blood Loss: Scant

DESCRIPTION OF PROCEDURE: The patient was taken to the operating suite and was placed in the prone position on the operating room table. Monitored conscious sedation was adminsterd and patients vitals were montored through out the procedure. Patient was in correct position with fluoroscopy at right side. The patient was prepped and draped in the normal fashion. Surgical time-out was taken to confirm the patient's identification, surgical site, side and his allergies.

The L2 pedicle was then identified using C-arm the 9 o'clock position off the L2 pedicle was then identified and the skin i cm below accounting for the adipose tissue overlying was then anesthetized using 1% lidocaine. 6 cc of 1% lidocaine was injected. After ascertaining Adequate anesthesia 14 gauage tuhoy needle was gradually inserted under C-arm guidance to the L1 and D12 interlaminar space. Loss of resistance was used as a marker of entry into the epidural space. The needle position was also monitored using the C-arm. Once there was loss of resistance. The needle was aspirated confirming that there is no fluid coming. The stimulator lead was 16 electrodes was then gradually threaded inside under C-arm guidance. It was rechecked and it was lying ventral. Patient did not have changes in the neurostatus. At this space we were able to place them dorsal as checked on the lateral veiw. It was slowly steered up until T7 vertebra. So now the lower part of the lead the 16th electrode was identified to lie on the T9 interpedicular area and the rest of the leads were spanning T8 T7 vertebra. The leads were then connected to the stimulator. And the trial stimulation was then done. After Ascertaining that the entire painful area is covered by appropriate leads the connector and the lead was then fixed to the skin with Steri-Strips and Tegaderm. The central point of stimulation was at T7 and 8 which covered the back pain. The tip elcetorde was able to give coverage to the left leg and her SI joint where her pain was maximu. External dressing was then applied for the connector and everything was then covered with omnifix dressing. Patient tolerated the procedure very well. She was then taken out to the recovery room where he was again tested and there was no change in the findings. She was then instructed in details about stimulation and care.

She was taken to the recovery and she states that her pain is well controlled to a level of 4 with the sitmulator on. She was neurointact and understood all the instructions. She was asked to contact us if any fever any discharge or any incrase in pain. She was prescribe oral antibiotics and was asked to follow with us in one week for lead removal. She was instructed to continue with her pain medications as needed. She had enough amount with her. She tolerated the procedure really well.She was handed over the discharge instuctions and was asked to call prair spine number in case of any concerns, complaints or questions. She also had UTI she was asked to continue her oral antibiotics as recommended by her PCP.