

ASSESSMENT OF SPINAL CORD STIMULATION USING A RACZ CATHETER
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Introduction. In an effort to reduce the time spent in hospital and to increase the success rate of permanent Spinal Cord Stimulation (SCS), we used a RACZ(1) disposable epidural stimulating catheter as a screening device. The suitability of this catheter was investigated.

Methods. All patients on our waiting list for SCS were asked to participate in the assessment. Immediately before insertion of the catheter patients were asked to complete the Brief Pain Inventory (Short Form)(2). The diagnosis and site at which stimulation was required was recorded. The catheters were inserted percutaneously using a full aseptic technique and guided by fluoroscopy. Catheters were tunelled subcutaneously to the flank and sutured in place at their exit site. The procedure was covered by intravenous antibiotics.

The operator recorded the difficulty of insertion, the reason for any problems, the final position of the electrode and the quality of stimulation. Following one week's stimulation at home, the patient again completed the Brief Pain Inventory. The site of stimulation and the effect of the stimulation on the patients pain was also recorded. Suitable patients were then placed on the final waiting list for a permanent stimulator.

Results. 21 patients were studied, the procedure was abandoned in one patient following a dural puncture. Diagnosis varied considerably. 13 out of 21 patients (60%) had satisfactory or very good stimulation and pain relief at the end of the week's trial.

Of the unsuccessful trials 6 out of 7 (85%) initially had very good stimulation but considered it unsatisfactory at the end of the week.

Difficulty steering the catheter was the main technical problem.

Discussion. Spinal cord stimulation is a relatively expensive although quite useful form of management for patients with intractable pain. These results suggest a considerable role for the RACZ catheter as a cheap screening tool for patients in whom epidural stimulation is considered.

1 Racz G, Texas Tech, Lubbock, Texas USA. 2 Brief Pain Inventory Pain Research Group, Dept of Neurology, University of Wisconsin.