Neuromodulation Implant

PATIENT INFORMATION & PROCEDURE GUIDE

Understanding Your Diagnosis

If your clinical evaluation (trial) was successful, it confirmed that neurostimulation effectively manages your chronic pain. The permanent implant provides consistent, long-term relief and improved daily function by addressing specific nerve pain patterns in the back and legs (SCS) or localized areas like the foot, knee, or groin (DRG).

The Treatment: SCS / DRG Permanent Implant

The permanent implant involves placing the leads and a small, rechargeable (or non-rechargeable) battery—the Implantable Pulse Generator (IPG)—entirely under the skin. Unlike the trial, there are no external wires or exit sites. This system is designed to provide seamless, high-end pain management that integrates into your lifestyle.

Our Approach: Minimially Invasive Surgical Precision

As an independent, physician-led practice, Dr. Pugh utilizes Live X-Ray (Fluoroscopy) to secure the permanent leads with sub-millimeter accuracy. Our patient-centric focus ensures that whether you receive SCS or DRG stimulation, the system is programmed to your exact needs, allowing you to reclaim your quality of life through advanced technology.

Procedure Day Highlights:

- Performed under Live X-Ray for exact placement and safety.
- Sedation is provided for a professional and comfortable experience.
- The procedure typically lasts about 60 to 90 minutes.
- This is an outpatient procedure; you will return home the same day.

Benefits

- **Long-Term Consistency:** Provides reliable relief for chronic nerve pain without daily medications.
- **Discreet Technology:** The entire system is internal and can be controlled via a handheld programmer or smartphone.
- **Clinically Proven:** Offers a sustainable alternative for patients who have not responded to traditional surgery or injections.

Recovery

- **Initial Activity:** Prioritize rest for 24–48 hours; light activity within days.
- **Movement Restrictions:** Avoid heavy lifting (over 10 lbs), twisting, or reaching for about 6 weeks to ensure proper healing.
- **Wound Care:** Keep incision sites clean and dry; instructions for sutures or glue will be given at discharge.
- **Follow-Up:** Return in 14 days for incision check and device programming.

Nicolas Pugh, MD | Adrianne Anders, NP | Ted Chaka, PA

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DISCHARGE INSTRUCTIONS

Procedure Summary: Neuromodulation Trial

You have undergone a permanent **Neuromodulation Implant** procedure, following your successful clinical evaluation. Depending on your specific nerve pain pattern, a permanent spinal cord stimulator (SCS), dorsal root ganglion (DRG) stimulator, or peripheral nerve stimulator (PNS) system has been placed entirely under your skin. We have positioned the permanent leads and secured the internal Implantable Pulse Generator (IPG) battery to provide you with consistent, long-term relief without external wires.

Activity Restrictions

- **Driving:** No driving or operating heavy machinery for 24 hours
- **Lifting:** Limit lifting, pulling, or pushing to <15 lbs for the duration of the trial to prevent lead migration.
- **Exercise:** No strenuous activity, or excessive twisting/reaching

Wound Care

- **First 24 Hours:** Keep surgical bandages clean, dry, and undisturbed.
- **Showering:** Shower after 48 hours, following discharge instructions. Remove outer dressings and gently pat incision sites dry.
- **Submersion**: Avoid baths, swimming, or hot tubs for 7 days or until incisions are fully closed and evaluated.

Pain Management Expectations

- **Incision Soreness:** It is normal to feel localized surgical soreness or a "bruised" sensation around the battery pocket and lead insertion sites for several days.
- **Management:** Use ice packs over the incisions (20 min on/off) and resume your baseline medications.
- **Medication:** You may resume NSAIDs and Aspirin immediately post-procedure.

Red Flags

- New or worsening leg weakness, numbness, or **"foot drop."**
- Sudden loss of bowel or bladder control.
- **Fever** >101.5°F, chills, or **drainage at the incision site.**
- **Severe headache** that worsens when sitting or standing.

Follow-Up Schedule

- **2 Week:** Postoperative surgical evaluation
- **2-3 Month:** Formal functional assessment to evaluate device performance and track long-term mobility milestones.

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