



Neuromodulation Trial

PATIENT INFORMATION & PROCEDURE GUIDE

Understanding Your Diagnosis

When conservative treatments or surgeries have not provided adequate relief for chronic nerve pain, Spinal Cord Stimulation (SCS), Peripheral Nerve Stimulator (PNS) or Dorsal Root Ganglion (DRG) Stimulation may be the next step. These therapies work by managing pain signals before they reach the brain.

The Treatment: The Trial

A trial is a temporary, 5-to-7-day period that allows you to experience the relief of neurostimulation before committing to a permanent implant. During the procedure, thin, flexible leads are placed in the epidural space near the spine. These are connected to an external power source you wear on a belt, allowing you to evaluate the therapy during your normal daily activities.

Our Approach: Patient-Centered Evaluation

At Abilene Pain, our independent status ensures the success of the trial is measured solely by your personal experience. Dr. Pugh uses Live X-Ray (Fluoroscopy) to ensure precise lead placement tailored to your specific pain pattern.

Procedure Day Highlights:

- Performed under Live X-Ray for exact safety and positioning.
- Local numbing and mild sedation are used for your comfort.
- The procedure typically takes 30 to 45 minutes.
- You will return home the same day with the temporary system in place.

Benefits

- **Informed Decision Making:** Experience the therapeutic effects firsthand before committing to a permanent solution.
- **Functional Assessment:** Evaluate real-world improvements in walking, sleeping, and daily tasks.
- **Evidence-Based Alternative:** Provides a powerful option to reduce reliance on long-term oral medications.

Recovery

- **Activity Restrictions:** Avoid twisting, overhead reaching, or lifting over 5 lbs to keep temporary leads in place.
- **Site Care:** Keep the exit site dry; sponge baths only until lead removal.
- **Immediate Activity:** Most patients can resume light activity the next day if movement restrictions are followed.
- **Follow-Up:** Return in 5–7 days for lead removal and to discuss clinical results.

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

Abilene Pain Locations

Main: 1925 Hospital Drive

Chaka: 6819 Memorial Dr. Ste B

Contact Numbers

Main: 325-326-3433

Chaka: 325-468-8096

Online

Email: info@abilenepain.com

Web: www.abilenepain.com



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DISCHARGE INSTRUCTIONS

Procedure Summary: Neuromodulation Trial

You have undergone a Neuromodulation Trial placement, a **temporary** clinical evaluation designed to determine if neurostimulation effectively manages your chronic pain. Depending on your specific diagnosis, a tiny, thread-like lead was placed under live imaging near your spinal cord (SCS), dorsal root ganglion (DRG), or a targeted peripheral nerve (PNS). This lead is connected to a small external controller, allowing you to evaluate how well the therapy interrupts your pain signals during daily activities before deciding on a permanent system.

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

- **Keep Dry:** No showers, baths, or submerging the area; only sponge baths allowed to keep bandages and external controller clean and dry.
- **Bandages:** Do not remove, pull, or adjust surgical tape or dressings on the temporary external wire.

Pain Management & Tracking

- Monitor pain levels during the 5-to-7-day evaluation period.
- Complete the required online form to report your pain relief each day.
- Maintain a daily log of pain scores and functional improvements for discussion with the clinical team.
- Expect mild soreness at the insertion site; use ice packs (20 min on/off) and resume baseline medications, including NSAIDs and Aspirin, 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

- **1 Week:** Formal functional assessment of procedural efficacy.

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