Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Chronic pain may prove to be refractory to conservative treatment or pharmacological treatment because intolerable side effects. When used for the right patient in the right circumstances, interventional pain management techniques may offer pain relief and improvement of quality of life. The last decades these techniques have been studied in controlled and observational studies, developing consensus guidelines.

Simple treatments such as epidural steroids or sympathetic blockade might be used early on, whereas spinal cord stimulation (SCS) or intrathecal drug delivery systems (IDDS) would be used only after more conservative therapies have been tried.

Spinal cord stimulation (SCS) is indicated for the treatment of neuropathic pain. The goal of SCS is to apply sufficient electrical current over the dorsal columns to result in paresthesias that overlap the painful area while minimising paresthesias in extraneous areas. The most common indication is failed back surgery syndrome with leg pain, where less common indications are peripheral nerve injury, complex regional pain syndrome (CRPS) and painful peripheral neuropathy.

Intrathecal drug delivery (IDD) is considered an invasive therapy. Therefore, appropriate patient selection and failure of more conservative therapies are essential. Indications for IDD include: nociceptive pain, neuropathic pain that has failed to respond to spinal cord stimulation and multiple pain sites with axial pain.

After viewing this presentation the participants will be able to understand the rationale of evidence based interventional pain medicine.