

(615) Combined Use of Cervical Spinal Cord Stimulator (SCS) and Occipital Nerve Stimulator (ONS)

Article first published online: 25 DEC 2001

DOI: 10.1046/j.1526-4637.2000.000024-15.x

Blackwell Science, Inc.

Issue



Pain Medicine

[Volume 1, Issue 2](#), page 193, June 2000

Author: Y. Eugene Mironer, Carolinas Center for Advanced Management of Pain A 51-year-old female patient was referred to the clinic in March 1997 with severe cervicalgia and right shoulder girdle pain. She rated her pain at 9/10 on a Visual Analog Scale (VAS). MRI showed multilevel severe spondylosis with significant neural foraminal stenosis at 3 levels. Multiple modalities of treatment (physiotherapy, epidural steroid injections, cervical plexus blocks) and a variety of medications (opioids, NSAIDs, anticonvulsants, antidepressants, etc.) failed to provide any improvement. The patient twice consulted neurosurgeons but was considered a poor surgical candidate. Finally, in July 1997, after a successful trial, a cervical SCS was implanted with the tip of the lead at level C2, achieving excellent coverage of the pain area. For the next 18 months the patient continued to do well, having minimal neck and shoulder discomfort and using only occasional oral analgesics. However, by January 1999, she developed intractable right-sided occipital neuralgia. Occipital nerve blocks were providing extremely short-term relief and the intake of different analgesics, including opioids, started to increase. In March 1999, after successful trial, an ONS was implanted. Unfortunately, it migrated shortly after implantation and had to be revised and re-anchored. After this procedure all headaches were completely controlled without medications. The patient continues to be very active, uses both stimulators daily, does not take any analgesics and rates her pain at 0/10 to 1/10 on VAS.