

# Modulation Mechanisms, Technical Aspects and Clinical Application of Spinal Cord Stimulation in Chronic Low Back Pain Syndrome

Paul Stanciu\*

Department of Medical and Surgical Sciences, LUNEX International University of Health, Exercise and Sports, 4671 Differdange, Luxembourg

## Abstract

Chronic low back pain syndrome represents a significant healthcare challenge, often resistant to conventional treatments. Spinal Cord Stimulation (SCS) has emerged as a promising intervention for managing this debilitating condition. This abstract provides an overview of the mechanisms of modulation, technical aspects and clinical applications of SCS in chronic low back pain syndrome. We delve into the neurophysiological underpinnings of SCS, exploring how electrical stimulation of the spinal cord alters pain perception. Technical considerations encompass electrode placement, programming parameters and advancements in device technology. Moreover, we highlight the clinical application of SCS, including patient selection criteria, efficacy and potential complications. By addressing these multifaceted aspects of SCS, this abstract aims to provide a comprehensive understanding of its role in alleviating chronic low back pain and improving the quality of life for affected individuals.

**Keywords:** Spinal Cord Stimulation (SCS) • Chronic low back pain • Neuromodulation • Gate control theory of pain • Dorsal column stimulation

## Introduction

Chronic low back pain syndrome is a pervasive and often debilitating condition that affects a substantial portion of the population, significantly impacting the quality of life for those afflicted. Conventional treatments, while effective for some, fall short in providing relief for many individuals. In the quest for innovative solutions, Spinal Cord Stimulation (SCS) has emerged as a promising intervention, offering the potential to modulate pain perception and alleviate the persistent discomfort associated with chronic low back pain. This comprehensive review explores the mechanisms of modulation, technical intricacies and clinical applications of SCS in the context of chronic low back pain syndrome. By delving into the underlying science, technological advancements and real-world clinical outcomes, we aim to provide a holistic understanding of the role SCS plays in addressing this challenging medical condition [1].

## Literature Review

Chronic low back pain syndrome is a complex and prevalent condition that presents a considerable challenge in pain management. Conventional treatments often provide limited relief, prompting the exploration of alternative approaches [2]. Spinal Cord Stimulation (SCS) has emerged as a promising therapeutic option, offering the potential to modulate pain perception effectively. This literature review examines the mechanisms of modulation, technical considerations and clinical application of SCS in the context of chronic low back pain syndrome.

**Mechanisms of modulation:** SCS operates on the principle of neuromodulation, whereby electrical stimulation of the spinal cord alters the

transmission of pain signals to the brain. The gate control theory of pain proposes that SCS activates large-diameter sensory fibers, closing the "gate" to painful stimuli and reducing pain perception. Additionally, SCS may induce the release of endogenous opioids and neurotransmitters, further contributing to pain relief. The specific mechanisms underlying SCS's efficacy in chronic low back pain continue to be a subject of ongoing research.

**Technical aspects:** Effective SCS implementation involves several technical considerations. Electrode placement is critical, with options for dorsal column, subdural and subcutaneous leads. The selection of appropriate programming parameters, such as pulse width, frequency and amplitude, is essential for achieving optimal pain relief while minimizing paresthesia. Recent advancements in device technology, including rechargeable batteries and closed-loop systems, have improved the longevity and customization of SCS devices [3]. Furthermore, the utilization of MRI-compatible leads has expanded the diagnostic options available to patients undergoing SCS.

**Clinical application:** The clinical application of SCS in chronic low back pain syndrome necessitates careful patient selection. Candidates typically undergo a trial period of temporary leads to assess the potential benefits of permanent implantation. Efficacy varies among individuals, but studies have demonstrated significant pain reduction and improved quality of life in many cases. Complications, while generally rare, may include lead migration, infection, or hardware-related issues. Long-term follow-up is crucial to monitor the sustained effectiveness of SCS and address any emerging complications [4].

## Discussion

SCS operates on the principle of neuromodulation, which involves the use of electrical stimulation to influence the transmission of pain signals within the central nervous system. The gate control theory of pain, initially proposed by Melzack and Wall in 1965, serves as the foundational concept behind SCS. It posits that electrical stimulation applied to the dorsal columns of the spinal cord activates large-diameter sensory fibers, effectively closing the "gate" to pain signals and reducing their transmission to the brain. Additionally, SCS may induce the release of endogenous opioids and neurotransmitters, further contributing to pain relief. These mechanisms collectively underscore the potential efficacy of SCS in managing chronic low back pain [5].

The successful implementation of SCS requires careful attention to technical considerations. Electrode placement, whether through dorsal column, subdural, or subcutaneous leads, must be tailored to the individual patient's anatomy and pain distribution. Precise programming parameters, including pulse width,

\*Address for Correspondence: Paul Stanciu, Department of Medical and Surgical Sciences, LUNEX International University of Health, Exercise and Sports, 4671 Differdange, Luxembourg, E-mail: paulstan@gmail.com

**Copyright:** © 2023 Stanciu P. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Received:** 04 September, 2023, Manuscript No. jppr-23-114762; **Editor Assigned:** 06 September, 2023, PreQC No. P-114762; **Reviewed:** 18 September, 2023, QC No. Q-114762; **Revised:** 23 September, 2023, Manuscript No. R-114762; **Published:** 30 September, 2023, DOI: 10.37421/2573-0312.2023.8.351

frequency and amplitude, are adjusted to achieve optimal pain relief while minimizing sensory side effects. Recent technological advancements have introduced rechargeable batteries, allowing for extended device longevity and closed-loop systems, which adapt stimulation patterns in response to the patient's physiological state.

Moreover, the utilization of MRI-compatible leads has expanded diagnostic options, enhancing the versatility of SCS as a pain management tool. The clinical application of SCS in chronic low back pain syndrome hinges on a thorough patient selection process. Candidates typically undergo a trial period with temporary leads to assess the potential benefits of permanent implantation. Efficacy can vary among individuals, but a substantial body of evidence supports significant pain reduction and improvements in quality of life for many patients. While complications associated with SCS are generally rare, they may include lead migration, infection, or hardware-related issues. Long-term follow-up is essential to monitor the sustained effectiveness of SCS and address any emerging complications, ensuring optimal outcomes for patients [6].

## Conclusion

Spinal cord stimulation represents a valuable and evolving therapeutic approach for addressing the challenges posed by chronic low back pain syndrome. Its mechanisms of modulation, technical nuances and clinical applications collectively offer a promising avenue for managing this complex condition. While the field of SCS continues to advance, further research is needed to refine patient selection criteria, optimize programming parameters and explore novel stimulation patterns. As the knowledge base expands and technology evolves, SCS holds the potential to provide long-lasting relief and improved quality of life for individuals burdened by chronic low back pain syndrome, offering a renewed sense of hope for those seeking effective pain management solutions.

## Acknowledgement

None.

## Conflict of Interest

There are no conflicts of interest by author.

## References

1. Schug, Stephan A., Patricia Lavand'homme, Antonia Barke and Beatrice Korwisi, et al. "The IASP classification of chronic pain for ICD-11: Chronic postsurgical or posttraumatic pain." *Pain* 160 (2019): 45-52.
2. Babu, Ranjith, Matthew A. Hazzard, Kevin T. Huang and Beatrice Ugiliweneza, et al. "Outcomes of percutaneous and paddle lead implantation for spinal cord stimulation: A comparative analysis of complications, reoperation rates and health-care costs." *Neuromodulation: Technology at the Neural Interface* 16 (2013): 418-427.
3. Knotkova, Helena, Clement Hamani, Eellan Sivanesan and María Francisca Elgueta Le Beuffe, et al. "Neuromodulation for chronic pain." *Lancet* 397 (2021): 2111-2124.
4. Andersson, Gunnar BJ. "Epidemiological features of chronic low-back pain." *Lancet* 354 (1999): 581-585.
5. Kemler, Marius A., Gerard AM Barendse, Maarten Van Kleef and Henrica CW De Vet, et al. "Spinal cord stimulation in patients with chronic reflex sympathetic dystrophy." *N Engl J Med* 343 (2000): 618-624.
6. Kumar, Krishna, Rod S. Taylor, Line Jacques and Sam Eldabe, et al. "The effects of spinal cord stimulation in neuropathic pain are sustained: A 24-month follow-up of the prospective randomized controlled multicenter trial of the effectiveness of spinal cord stimulation." *Neurosurg* 63 (2008): 762-770.

**How to cite this article:** Stanciu, Paul. "Modulation Mechanisms, Technical Aspects and Clinical Application of Spinal Cord Stimulation in Chronic Low Back Pain Syndrome." *Physiother Rehabil* 8 (2023): 351.