

Suspected Infection After Spinal Cord Stimulator (SCS) Implantation: *A case report of Identification and Management*

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INTRO

- This case led to implementation of a clinical treatment algorithm when faced with future possible post-surgical site infections (SSI).
- This algorithm allows:
 - ✓ Clinicians to tailor their treatment plan according to the patient's presentation
 - ✓ Suggests objective measurement parameters to assess the severity of SSI.

Case Report:

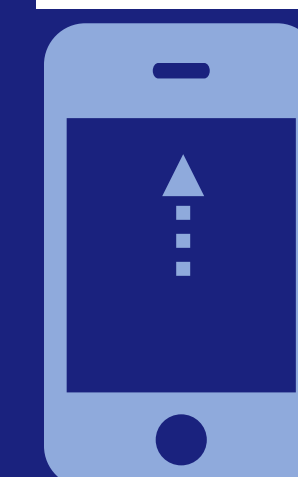
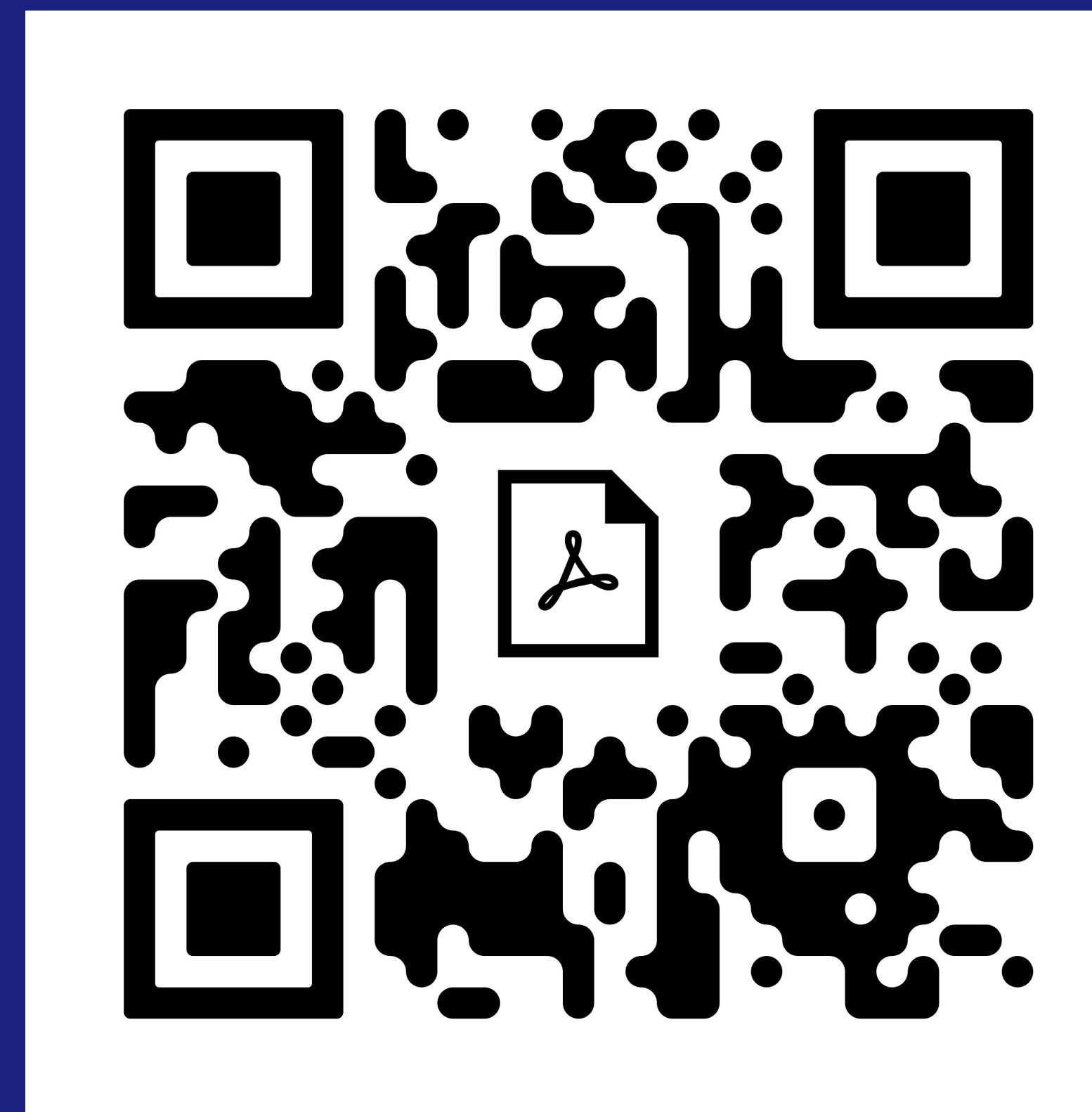
- A 32-year-old male presented with worsening low back with left leg numbness and tingling into the calf and bottom of his foot.
- **PmHx:** *obesity* (BMI >30), *nicotine* use, chronic *low back pain* with radicular pain, s/p left L5/S1 *microdiscectomy* with multiple ineffective pain interventions to follow.
- Underwent a successful SCS trial >50% pain improvement.
- **POD#0** percutaneous SCS implant
- **POD #10** wound check with mild erythema and white discharge at the midline lumbar incision.
- Difficult to discern delayed wound healing vs SSI (picture 1)
- Infectious Disease recommended “**triple C’s:**”
 - **CBC** complete blood count
 - **CMP** complete metabolic panel
 - **CRP** c-reactive protein
- **POD#14** Lab work results were *within normal limits* and the midline lumbar incision was adequately healed. (picture 2)

22nd Annual Pain Medicine Meeting

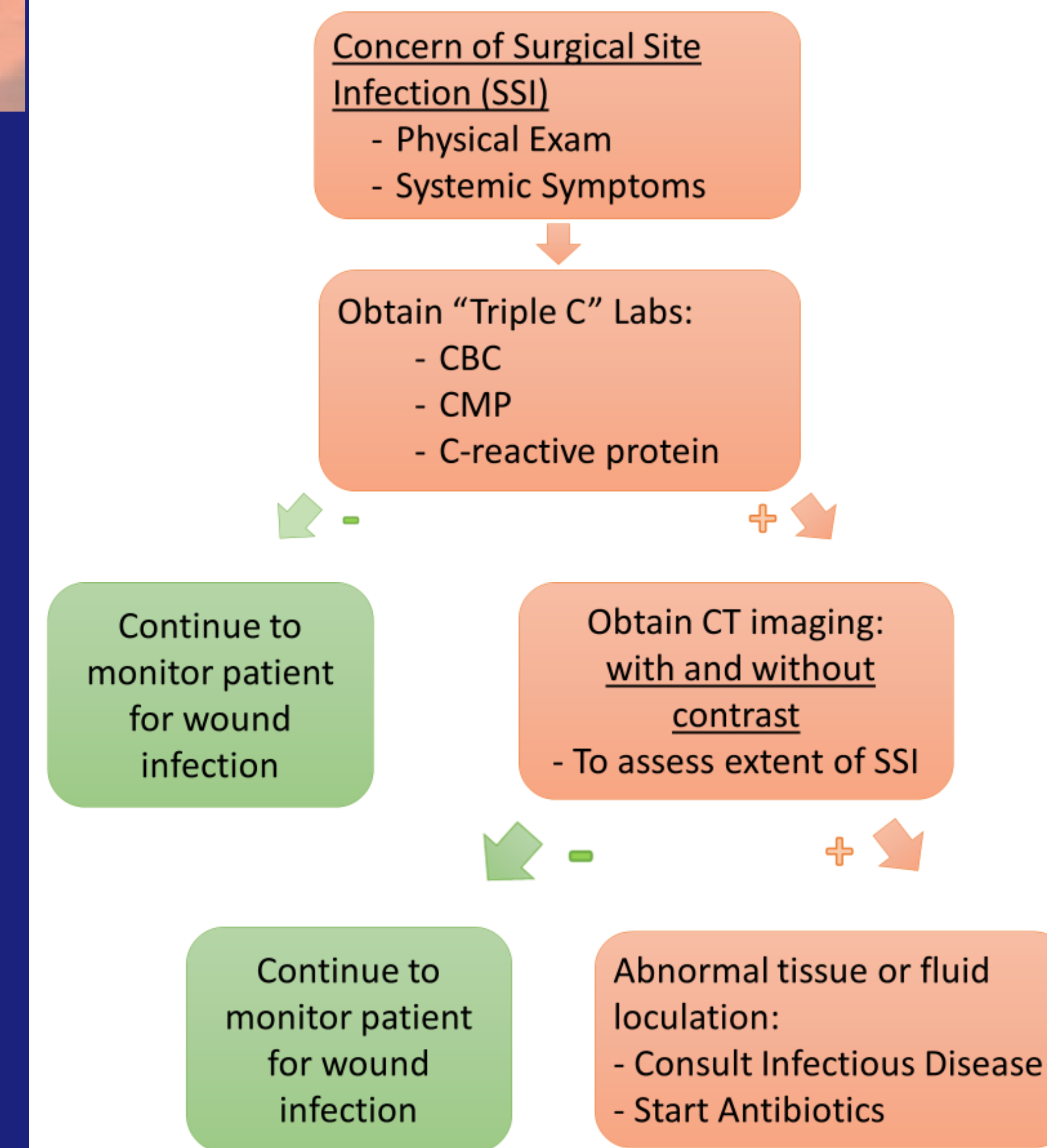
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Suspected **spinal cord stimulator infection** resulting in a **Treatment Algorithm.**



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DISCUSSION

In this case we:

- (1) Provided evidence-based steps to evaluate for possible infection
- (2) Developed a clinical algorithm to implement in future SCS implantation cases.

This treatment algorithm could help identify, evaluate, and treat a possible SCS post-surgical infection, resulting in quick and effective management.

