

Spinal cord stimulation complications

Adverse events associated with **spinal cord stimulation** are not common but do occur and can be divided into surgical and **hardware** complications. Surgical complications include hematoma, seroma, CSF hygroma, infection, wound dehiscence, dural puncture, and spinal cord injury. Many surgical complications can be avoided by preoperative medical planning ¹⁾.

Paddle lead migration rate was reported to be about 4.8% and generally believed to be less common than percutaneous filiform lead placement ²⁾.

Spontaneous Ascending Migration of a Paddle Lead ³⁾.

Hardware complications

Infections associated with *S. aureus* most likely required (partial) hardware removal. Aggressive surgical treatment including hardware removal shortens the duration of antimicrobial treatment. Clear strategies should be developed to treat hardware-related infections to optimize patient management and reduce health- and economic-related burdens ⁴⁾.

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Murakami M, Lerman I, Jones R. Spinal cord stimulator complications: Lead migration and malfunction. Challenging cases and complication management in pain medicine. Cham, Switzerland: Springer, 2018; p. 245–250

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Kim DD, Vakharya R, Kroll H, Shuster A. Rates of lead migration and stimulation loss in spinal cord stimulation: A retrospective comparison of laminotomy versus percutaneous implantation. Pain Physician 2011;14:513–524.

³⁾

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⁴⁾

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