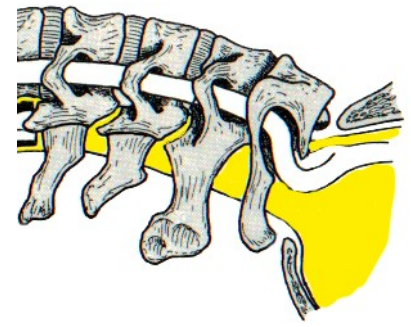


Percutaneous Spinal Cordotomy - Referral Criteria



Why

Problem / complex palliative patients with severe UNILATERAL pain
Analgesics (opioid, non-opioid) have not solved the patient's pain problems
A wish to maximise the 'quantity' of 'quality life'

When

- Early
- Anticipate disease course
- When started on strong opioids, and these have not controlled pain (pain will get worse with time)
- This is NOT a pre-terminal procedure

Indications

- UNILATERAL PAIN below the neck (C4)
- Uncontrolled, or likely to become so (see When above)
- LIMITED life expectancy (< 2 yrs)
- Must be able to LIE FLAT for 1 hour
- Awake (Local Anaesthetic) – must be able to CO-OPERATE, lie still (must be conscious for sensory/motor testing to enhance safety, prior to radiofrequency lesioning)

Best results - Chest wall, arm

(unable to lesion above C4, less reliable, though possible, below knee)

Contraindications

Current active Anticoagulation - Warfarin etc - please liaise prior to referral to discuss management. (c.f. please stop Aspirin [ONE week] and/or Clopidogrel [TWO weeks] before planned procedure date).

Local infection or metastasis at site of procedure (just below angle of jaw on side opposite to patient's pain)

Inability to co-operate and lie flat for 1 hour.

Examples

MESOTHELIOMA

Brachial plexus involvement e.g. Pancoast's tumour, axillary secondaries

Solitary bone metastasis (incident pain on movement)

Other - e.g. localised breast Ca, rib metastases i.e. unilateral chest wall