

Department of Neurosciences

Dorsal Root Ganglion Stimulation Discharge advice

Information for patients



Going home after implantation of a stimulator can feel a little worrying. We hope that during your stay with us we will have answered many of your questions. This leaflet gives you further support and guidance about your recovery. We feel it is important that you do not feel alone and worried at home. If you need any advice or support after you return home, please contact the Advanced Nurse Practitioners on the contact numbers at the end of the leaflet. Alternatively, your GP and Practice Nurse are there to help, as are our Consultant's secretaries and our service administrator.

Frequently asked questions after implantation

Will my medication be changed?

You will probably need to continue taking painkillers for the first few weeks while we are adjusting your stimulator to get you the best pain relief that we can. You may always need to take some medication to help with pain relief. If you are unsure about the medication you should be taking, please discuss this with us before you leave the ward.

Once you get home, if you experience any symptoms which are unusual for you, please speak to the Advanced Nurse Practitioners or Register on call (for out-of-hours emergencies).

How do I look after my wound?

Your stitches will need to be removed either here at the hospital, so that we can monitor your healing, or at your GP's surgery if you live a long distance from us. We will give you the date for when they need to be removed and an advice letter if you are having this done at your GP's surgery. Your wounds will need to remain covered with dressings until your stitches are removed. We will give you some more dressings to take home.

If you have steristrips instead of stitches we will give you instructions on how and when to remove them.

Signs to look out for

Inspect your wounds daily with the help of a mirror. If you notice any of the signs listed below please contact us:

- any leakage from the wound; this may be brown, green, or clear
- any redness or swelling of the wound or skin around it
- pain around the wound.

Other symptoms to look out for

When you are discharged from hospital you should have already made a good recovery and we are confident this will continue at home.

However, in the unlikely event of any of the following symptoms occurring, please contact our Advanced Nurse Practitioners, see your GP, or telephone the ward for advice:

- any fever or high temperature above 37.4 degrees centigrade
- any numbness or pins and needles that you did not have before the surgery
- difficulty walking or moving
- difficulty in passing urine
- difficulty swallowing food or liquids
- any incontinence of urine/faeces
- a cough/coughing up sputum (phlegm)
- tiredness which lasts for more than 3 weeks.

Going home checklist

Before you leave the hospital please check that you have the following:

- tablets and explanation documents
- ID card and information
- arrangements made for getting home
- your belongings
- any valuables which have been locked away
- the letter for your stitches to be removed.

You will be sent information about your follow-up appointment about a week after you leave hospital.

Important information about your DRG stimulation system

As you return to everyday life, there are some things you should know about using household appliances and electronic equipment around your DRG system.

Patient control device

Do not place the patient control device (patient programmer) over another device you might have fitted (e.g. pacemaker, defibrillator, another stimulator) or next to any magnets, as this may stop it from working.

Care of your device

Do not manipulate (move) or rub your DRG battery through your skin; this is sometimes called "Twiddler's Syndrome". Doing this can cause damage to your system; movement of the lead; skin erosion (wearing away or thinning of skin); or a feeling of pins and needles at the implant site. Fiddling with the battery may also flip over your device so that it can't communicate with the patient programmer.

Frequently asked questions about living with a DRG stimulation system

What are some of the possible complications that I should be aware of?

As with any implanted device an infection could occur. The lead, extension, or stimulator could move within your body or push through your skin. It is also possible that the implanted materials could cause an allergic reaction or immune system response which might cause your body to reject the implant. There could also be unwanted changes in stimulation. However, these complications are unusual and don't happen very often.

Your DRG system might unexpectedly stop working due to the battery wearing out or other causes. This type of complication, which can include wires becoming dislodged or moving out of position, can happen without warning.

What types of activities can damage or move the lead?

Most activities are safe, however you should always follow your Consultant or Advanced Nurse Practitioner's instructions about work, exercise and hobbies.

You should know where your lead is placed and keep in mind which movements may put strain on the lead. Although it is made of flexible and durable material, some seemingly harmless or repetitive movements could cause unseen damage over time, eventually causing the lead to break. You may then need surgery to replace the lead.

How can I extend the battery life?

You can maximise the battery life by turning off the battery when you don't need to use the stimulator, such as when you are sleeping. However, this is not compulsory and we encourage you to use the stimulator whenever you need it. Using the lowest effective settings and the least number of programmes to achieve required relief can also help to extend battery life.

Will I be able to drive?

You must turn OFF your stimulator before you drive. This is to make sure that you can be in normal control of the safe operation of your vehicle.

What should I do about airport security and shoplifting/theft detectors?

Use care when approaching airport security and shoplifting or theft detection devices, such as those found by the exits in libraries and some shops, as these can turn off your device or reset it. Your device may also set the alarms off. Try to stay as far away from the actual detection device as you can.

With airport security, you must show your device identification card. This will be given to you when you leave hospital. You can request a hand search instead of walking through the security gate. Security personnel can use a handheld security wand, but ask them not to hold the wand near the battery any longer than is needed.

If you must pass through a security screening device:

- Turn your system OFF.
- Approach the centre of the security device and walk through normally.
- Keep as far away as possible from the gate(s).
- Do not linger or lean on the security device.
- After you pass through the security device, turn your system ON again to resume therapy.

Can I travel on an aeroplane?

Yes. Your system should not be affected by aeroplane flights.

What happens when the battery runs out?

Your Advanced Nurse Practitioner will be able to tell you the level of the battery device during your regular scheduled follow-up visits. If they find that the battery in the device is low they will discuss with you how the battery can be replaced. This is normally done as a day case procedure under local anaesthetic, which means you shouldn't need to be in hospital overnight. However, sometimes the procedure needs to be carried out under a general anaesthetic (where you are asleep) and may involve an overnight stay.

Can I go in a hot tub, steam room, or sauna?

Yes, but if you feel a hot sensation in the area around your battery you will need to get out.

Can I scuba dive or enter a hyperbaric chamber?

Do not dive below 33ft (10m) of water or enter a hyperbaric chamber above 2.0 atmospheres absolute (ATA). Exceeding these limits can damage your system.

Before diving or using a hyperbaric chamber, discuss the effects of high pressure on your system with your Consultant or Advanced Nurse Practitioner.

Can I sky dive or participate in other high-altitude activities, such as skiing or hiking in the mountains, or flying in a non-commercial aeroplane?

High altitudes should not affect your system. However, you should consider the movements involved in an activity and take care to not put undue stress on your implanted system. For example, the sudden jerking which occurs during skydiving when the parachute opens can dislodge or fracture the lead. You would then need to have additional surgery to repair or replace the lead.

Are there any specific medical procedures that could interact with my DRG system?

Please speak with your Advanced Nurse Practitioner before undergoing any future medical procedures. If you need to have an emergency procedure and are not able to contact us beforehand, you will need to make sure your device is turned OFF before the procedure starts. This is to prevent interference from other medical equipment.

There are restrictions and risks associated with having a Magnetic Resonance Imaging (MRI) scan if you have a DRG stimulator. Failure to follow appropriate guidelines can cause tissue damage and can result in severe injury or death. If you need to have an MRI scan, please make sure that the staff carrying out the scan know that you have a stimulator implant.

Contact details

Advanced Nurse Practitioners

Tel: 01865 231 874

(Monday to Friday, 8.00am to 4.00pm)

Personal Assistant to Pain Neuromodulation Advanced Nurse Practitioners

01865 572 466

(Monday to Friday, 8.00am to 4.00pm)

On-Call Registrar – Emergencies only

Tel: 01865 741 166

24 hours, 7 days week

Address:

Pain Neuromodulation Service,

Department of Neurosciences, Level 3 Neurosciences Offices,
West Wing,
John Radcliffe Hospital,
Headley Way,
Oxford OX3 9DU

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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