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## Peripheral Nerve Stimulation Case Study in Post-Herpetic Neuralgia Expands Body of Knowledge on New, Non-Opioid Pain Treatment

**February 4, 2010, San Antonio, TX**—Doctors from the Mayo Clinic in Jacksonville, Florida showcased positive results of [peripheral nerve stimulation](#) (PNS) in a patient suffering from post-herpetic neuralgia (PHN), or pain after a herpes breakout. The case study was presented today at the American Academy of Pain Medicine's 26<sup>th</sup> Annual Meeting and adds to the growing body of knowledge about the potential for this non-opioid alternative to pain treatment.

“Our case study is just one more piece of evidence that PNS could be a viable tool for pain physicians to use,” said Scott Palmer, MD and one of the abstracts authors.

“For our patient, first line treatments were not achieving pain relief, and other interventional options were limited. PNS significantly reduced this patient's suffering. It could be a promising new method for the treatment of PHN.”

A fifty-seven year old man came to the Jacksonville clinic with intractable (not easily controlled or managed) thoracic PHN. At assessment the patient rated his pain at a nine on a 10 point scale. He was on a regimen of several medicines—including pregabalin and oxycodone—and topical solutions to reduce the pain in his left fifth thoracic nerve distribution with minimal success.

A combined PNS and spinal cord stimulation (SCS) trial was tried and the patient responded positively to both. Based on the location of the pain, and the patient's history, it was determined that PNS would be continued to see if his pain could be reduced.

Two octopolar St. Jude Medical leads were implanted subcutaneously to the left of the patient's midline. Leads were tunneled subcutaneously to a location in the upper left buttock and a pocket was produced under the skin where a rechargeable generator was implanted. Two weeks after surgery the stimulator was turned on and the patient was given a remote which enabled him to turn it on and off himself. At a two-month follow-up appointment the patient's pain medication use was decreased to 10 mg of oxycodone three times per day with a pain score from zero to five out of 10 in contrast to his admission value of nine.

In December 2009 the patient was seen for another follow-up and reported he continued to take 10mg daily of oxycodone in contrast to 60-80mg daily prior to PNS treatment.

**About AAPMedicine**

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