NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Spinal Cord Stimulators, Trial and Completion for Neuromodulation

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Lead Author:	Ysobel Gourlay
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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Antibiotic Prophylaxis for Trial and Completion of Spinal Cord Stimulators for Neuromodulation

Single dose, IV prophylaxis ≤ 60 minutes prior to skin incision/ intervention.
See Principles of Surgical Prophylaxis (1039) | Right Decisions (scot.nhs.uk)

MRSA: decolonise prior to procedure as per NHS GGC infection control guidelines.
CPE carriers: If identified as Carbapenamase producing Enterobacterales (CPE) carriers contact microbiology.

Procedure	Recommended Antibiotic	Prolonged Surgery > 4 or > 8 hours
Insertion of Trial spinal cord stimulator with external battery Completion of spinal cord stimulator with implantation of battery Revision of spinal cord stimulator Removal of spinal cord stimulator	400 mg IV **Teicoplanin** Give 400 mg teicoplanin by slow intravenous injection over 3-5 minutes.	No repeat dosing of teicoplanin.