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| Condition | Medical treatment | Surgical treatment |
| Arachnoiditis, chronic | * AED * TCA | * SCS |
| Anesthesia dolorosa |  | * Motor cortex stimulation * Trigeminal DREZ |
| Bilateral or midline pain |  | * Midline myelotomy |
| Cancer | * Gabapentin | * Cordotomy (life expectancy < 3 months) – performed contralaterally!!! – don’t do bilaterally (Ondine’s curse) * IT pain pump (life exepectancy > 6 months) * SCS does not work well because it is good for neuropathic pain and cancer pain is mostly nociceptive due to tissue damage |
| CRPS | * Gabapentin * Sympathetic block * Psychological testing | * SCS * DRG stimulation |
| Dystonia |  | * GPi DBS |
| Essential tremor | * Metoprolol * Primidone | * VIM DBS |
| Hemifacial spasm | * Botulinum toxin | * Microvascular decompression of CN VII |
| Hyperhidrosis | * Astringents, antiperspirants * Anticholinergics | * T2, T3, T4 sympathectomy for palmar and axillary hyperhidrosis (avoid T1 to prevent Horner’s syndrome) |
| Intercostal neuralgia |  | * Intercostal anesthetic block * Ganglionectomy (1 level above and below – much overlap) |
| Painful diabetic neuropathy | * Gabapentin |  |
| Parkinson’s disease | * Sinemet | * STN DBS (movement neurologist + neuropsych evaluation before placement) |
| Postherpetic neuralgia (PHN) [Ramsay-Hunt syndrome] | * Gabapentin |  |
| Spasticity | * Diazepam * Baclofen | * Baclofen pump * Selective dorsal rhizotomy * Myelotomy |
| Tolosa-Hunt syndrome | * Prednisone 60 mg QD |  |
| Trigeminal neuralgia | * Gabapentin | * Percutaneous radiofrequency rhizotomy * Percutaneous balloon compression * Percutaneous glycerol rhizotomy * Microvascular decompression of CN V * Stereotactic radiosurgery |