



Reply to the Letter: Failed back surgery syndrome, a term overdue for replacement

R. Weigel¹ · H. H. Capelle² · S. Al-Afif² · J. K. Krauss²

Received: 21 August 2021 / Accepted: 23 August 2021 / Published online: 8 September 2021
© The Author(s), under exclusive licence to Springer-Verlag GmbH Austria, part of Springer Nature 2021

Dear Editor,

The comments of this highly esteemed international group of experts in the field of pain therapy who are also concerned with the taxonomy of “failed back surgery syndrome” (FBSS) are very much appreciated [3]. The conclusions of our study are in line with their objective to replace a diagnostic label which from a scientific as well as from a patient’s care perspective is ambiguous if not useless. The International Association for the Study of Pain (IASP) has already addressed the problems associated with the term FBSS and broke down the diagnostic label FBSS into more specific differential diagnoses of chronic pain for the upcoming ICD-11 [2].

However, the “success” of the term FBSS which was reflected by its use over the decades and the exponentially increasing number of publications on this subject indicates that there is a need for a new categorical umbrella which has to be succinct and descriptive in order to be accepted widely.

We concur with Christelis and colleagues that “persistent spinal pain syndrome (PSPS),” supplemented by the “type 2” designation, would be a much better term to start with — prior to further breakdown of diagnostic entities. It would also be preferable to the term “chronic pain after spinal surgery (CPSS)” which — as nicely outlined by Christelis and colleagues — would not be as precise and possibly misleading [1].

This debate is important because defining diagnoses more precisely will increase the validity of therapeutic studies in the future and along this way will benefit patient’s care. Finally and hopefully clarification of and the use of adequate and precise terminology may also stimulate clinicians to conduct targeted diagnostic workup algorithms of the patients concerned.

References

1. Christelis N, Simpson B, Russo M, Stanton-Hicks M, Barolat G, Thomson S, Schug S, Baron R, Buchser E, Carr DB, Deer TR, Dones I, Eldabe S, Gallagher R, Huygen F, Kloth D, Levy R, North R, Perruchoud C, Petersen E, Rigoard P, Slavin K, Turk D, Wetzel T, Loeser J (2021) Persistent spinal pain syndrome: a proposal for failed back surgery syndrome and ICD-11. *Pain Med* 22:807–818. <https://doi.org/10.1093/pm/pnab015>
2. Schug SA, Lavand’homme P, Barke A, Korwisi B, Rief W, Treede RD (2019) The IASP classification of chronic pain for ICD-11: chronic postsurgical or posttraumatic pain. *Pain* 160:45–52. <https://doi.org/10.1097/j.pain.0000000000001413>
3. Weigel R, Capelle HH, Al-Afif S, Krauss JK (2021) The dimensions of “failed back surgery syndrome”: what is behind a label? *Acta Neurochir (Wien)* 163:245–250. <https://doi.org/10.1007/s00701-020-04548-7>

Publisher’s note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

This article is part of the Topical Collection on *Spine degenerative*

✉ R. Weigel
weigel@neurochirurgie-katharinen.de

¹ Department of Neurosurgery, St. Katharinen Krankenhaus, Frankfurt Main, Germany

² Department of Neurosurgery, Medical School Hannover, MHH, Hannover, Germany