**Introduction:** A recent retrospective study has reported that pocket pain occurs in up to 31% of patients who receive a traditional sized implantable pulse generator (IPG). A significant percentage of pocket pain patients will have either revision (70%) or explant (47%) surgery. Although the underlying factors are not well established, multiple authors have theorized that a micro-IPG (mIPG) may mitigate the incidence of pocket pain.

**Methods:** Two prospective, multi-center, clinical trials were initiated in Australia and the USA to evaluate a mIPG system with a volume of approximately 1.5 cc (Nalu Medical, Inc. Carlsbad, CA). Subjects with intractable chronic pain were followed for up to 1-year post-implant. All mIPG implantation sites were in the low back. Studies were approved by independent Ethics Committees and conducted in compliance with local regulations.

**Results:** Overall, study subjects demonstrated a robust decrease in back pain using the mIPG system. The average baseline back pain score was 6.9 (AUS Study) and 8.0 (USA Study), which dropped to 1.7 (AUS) and 1.1 (USA) at 3 months post activation, on a 0 to 10 Numeric Rating Scale (NRS). Following post-surgical healing of the incision, there have been no reports of pocket pain in any patient from either study; data are available for up to 1 year post activation.

**Conclusion:** The incidence of pocket pain and related revision surgeries can increase the burden on patients and the health care system. The mechanism of action of pocket pain is not entirely understood and may have multiple contributing factors. Based on the preliminary data to date presented above, no pocket pain has been reported by participants who received the mIPG investigated in these ongoing studies. These results warrant additional investigation.

**References**