

Patient information

Temporary sympathetic block

What is a sympathetic block injection?

These injections (blocks) are used to treat pain which may be caused by nerves not normally used to carry pain messages. Occasionally these nerves may alter in function and become pain-carrying nerves. Pain which occurs in the face, arms, chest, abdomen, back, pelvic region or legs may sometimes be caused by these nerves. Often this type of pain is accompanied by intense sensitivity of the skin, occasionally changes in skin colour, and changes in the temperature of the skin. Local anaesthetic and, in some cases steroids, are used for these procedures.

It is very important that you inform the Pain Clinic if you are taking drugs to thin your blood, for example: Warfarin, Clopidogrel, Rivaroxiban, Apixiban and Dabigatran. The doctor will then provide guidance as to whether there is a need to temporarily stop any blood thinning drug.

The day of treatment

On arrival please hand in your completed questionnaire. **Please bring in your current medication for pain relief.** You will then be asked to put on a theatre gown and your blood pressure and pulse will be recorded. The doctor will discuss the procedure and you will be asked to sign a consent form.

The procedure will be carried out under X-ray screening.

Once you are in the correct position on the x-ray table, the doctor will clean your back with an antiseptic solution, which can feel very cold on the skin.

Local anaesthetic is then injected into the area where the block will take place. This may sting initially but the area will soon go numb. The injection will then take place. You may feel a pushing sensation or some discomfort at this stage. Liquid contrast is injected to make sure that the needle tip is in the correct position, as seen on the X-ray.

Please tell the doctor if you have ever had a reaction to contrast.

Once the needle tip position is confirmed as correct, local anaesthetic is injected and you may feel a warm sensation in the part of your body that is normally painful.

Following your injection

After the procedure you will be taken to the recovery area within the Medical Treatment Unit. Your arms or legs may feel warm. The nursing staff will monitor any changes in temperature and blood pressure. You will lie flat for about 30 minutes and then sit up and be offered light refreshment. Your blood pressure and pulse will be checked again before you get dressed. Before your departure, the doctor will re-visit and ask you a few questions about your pain and any effects that the injection may have had.

Please ensure that you have arranged for someone to collect you after the procedure.

Benefits

The relief from such procedures tends to be short-lived, but they can be repeated, if helpful. These blocks are sometimes used to see if a more longer lasting sympathetic denervation, using phenol and/or radiofrequency, would be beneficial. (A denervation is a procedure that aims to permanently stop a nerve transmitting pain.)

Risks

Since local anaesthetic and, in some cases, a steroid is used for the procedure, headaches and temporary increase in weight may be experienced. Immediately after the procedure, your blood pressure may drop, causing you to feel light-headed. There may be an increase in pain in the first few days and this may last longer.

Blocks in the neck may occasionally alter your voice, cause swallowing difficulties and facial flushing. There is a 1% to 3% chance of a pneumothorax (collapsed lung) associated with injections into the neck and chest. Abdominal injections may cause diarrhoea initially, whilst lumbar sympathetic blocks may cause groin soreness, hot or numb legs. Sympathetic blocks may cause temporary alteration of bladder and sexual function. These symptoms may last for 2 or 3 days, very occasionally up to 2 weeks or longer.

Unfortunately, no procedure is risk free. Although long-term side effects and complications including increase in pain are uncommon, the possibility cannot be

excluded. Common short-term side effects of any procedure may include pain at the site of injection, increase in pain generally, and far less commonly, infection, bruising, bleeding and injury to tissues with the injection procedure.

Please ask your doctor if you are concerned about side effects.

What to expect afterwards

Some immediate relief may be noticed due to the local anaesthetic, but some tenderness may be felt at the injection site.

Take your regular painkillers as normal. It is important not to stop any drugs prescribed for pain relief suddenly. You should gradually reduce your painkillers as you feel better.

Try to keep on the move about the house but do not do anything too strenuous. As your pain decreases, try to gently increase your exercise. Simple activities like a daily walk, using an exercise bike or swimming on your back will help to increase your muscle tone and strengthen your back. The best way is to increase your activity slowly. Try not to overdo things on good days, or you might end up paying for it with pain the following day.

A letter will be sent to your GP, and we will make contact with a questionnaire to assess response from the injections and to make plans for follow up.

Points to remember

- 1 **For morning procedures:** nothing to eat after midnight prior to treatment (no sweets or chewing gum), water only until 7.00am.
- 2 **For afternoon procedures:** nothing to eat after 7.00am (no sweets or chewing gum), water only until 11.00am.
- 3 **Pre-procedure advice regarding diabetes:**
 - If you are **Type 1 Insulin controlled diabetic or Type 2 tablet and Insulin controlled diabetic** contact the diabetic provider (GP or diabetic nurse) for advice on how to manage your diabetic medication prior to your intervention/injection.
 - If you are **Type 2 tablet controlled diabetic** please contact the Pain Service on 01284 712528 for advice on how to manage your diabetic medication prior to your intervention/injection.

