

Lumbar sympathetic block

Pain Management

Patient Information Leaflet

Introduction

Welcome to The Dudley Group NHS Foundation Trust. This leaflet will provide you and your relatives with information about a lumbar sympathetic block. It includes information on what lumbar sympathetic blocks are, the risks and benefits of them and what the procedure involves.

What is a lumbar sympathetic block?

It is an injection into a group of nerves located in front of the spine at the bottom of your back. It is used to improve leg pain which is accompanied by a reduction in joint movement, muscle wasting, changes in nail or hair growth and problems in blood circulation (such as skin sensitivity, changes in skin colour, swelling, redness, sweating and feelings of hot or cold in the affected leg).

The injection consists of both local anaesthetic and steroid which both act towards blocking the pain signals sent to the brain. The steroid also reduces swelling and inflammation which may be irritating the nerves and causing some of the pain you are experiencing.

What are the benefits?

The local anaesthetic numbs the nerves in the short term. The steroid reduces inflammation which can often provide long term pain relief. This injection is also used to diagnose problems as well as for treatment and a series of injections may be needed to arrive at a diagnosis. If the injection is successful, other longer-lasting procedures could be considered in the future.

Initially for the first few days, you may experience a worsening of your pain but after this you should notice the pain relief. The injection can relieve the pain for a few weeks or months and any recurring pain may not be as severe as before, but everyone experiences the effects in a different way.

Steroids have been used for decades for their beneficial effects. Although steroids are not licensed for this specific procedure their use is endorsed by the British Pain Society. The steroids we use act locally and so minimise any side effects.

What are the risks?

Overall, steroid injections are very safe and serious side effects or complications are rare. However, like all injection procedures there are some risks:

Common risks

- Bruise at the site of injection.
- An increase in your pain – this should only last a few days.
- Drop in blood pressure and a feeling of being light headed.
- You may develop temporary weakness in your legs.
- You may have groin pain which should disappear in one to two days.

Rare risks

- Bleeding in the area where the nerves are injected.
- Infection.
- A prolonged increase in pain after the procedure.
- Anaphylaxis – severe allergic reaction to drugs.

- Damage to the area surrounding the injection site.
- Nerve injury either temporary or permanent.
- Erectile dysfunction (inability to get and maintain an erection).
- Temporary urine retention (inability to empty your bladder).
- Collapsed lung.
- Convulsions.
- Stroke.

If you experience any of these rare risks, please contact the Pain Management Helpline on 01384 244735 or in an emergency, go to your nearest Emergency Department.

Steroid-related issues

Compared to regular steroid use, the steroid injection used for pain procedures is associated with minimal side effects, however:

- If you have diabetes, you may experience a slight rise in blood sugar for up to two weeks so you should monitor your blood sugar very carefully. Contact your GP or diabetic nurse if you have any problem).
- If you have heart failure, you may experience increased shortness of breath due to salt and water retention. Contact your GP or nurse if you have any problem).

X-ray precautions:

- The procedure uses X-rays and these use a small amount of radiation which may add slightly to the normal risk of cancer.

Female patients – you must tell us if you are or might be pregnant. If you are not sure, a pregnancy test will be offered.

What are the alternatives?

You do not have to have a lumbar sympathetic block injection and your consultant will discuss alternative treatments with you appropriate to your condition. If you prefer, you can continue to take painkilling medication without having any other treatment.

How do I need to prepare for the procedure?

- You should not eat for six hours before the procedure but you can drink clear fluids up until two hours before procedure. Clear fluids include water and diluted squash but not fruit juice, tea, coffee or milk.

The exception to this information is if you have diabetes. If so, discuss with your doctor what you should do about your diabetes medication.

- Your treatment will be at Russells Hall Hospital or Corbett Outpatient Centre as an outpatient in the Day Surgery Unit (either a morning or an afternoon appointment). This will be confirmed at your clinic appointment.
- You will be at hospital for between two to four hours.
- You will need to arrange for someone to drive you home afterwards.
- Please arrange to have someone with you overnight.
- Please note that if you have sedation during the procedure:
 - You should not drive or operate machinery for 24 hours afterwards.
 - You may not be able to co-operate during the procedure.
 - You may not remember information given to you afterwards by your doctor. Your memory may be affected for up to 24 hours after the procedure.
 - The effect of the sedation may be prolonged by other drugs you are taking.

What do I do about medication?

- You should take all your regular medications **except blood thinning medication** such as clopidogrel, warfarin, dipyridamole, rivaroxaban. We will give you instructions about what to do about these drugs when you are given your appointment for the injection.

- **Please bring a repeat prescription document with you if you are taking any regular medications.**

What does the procedure involve?

Before the procedure

- A doctor will discuss the procedure with you and ask you to sign a consent form.

During the procedure

- This is carried out in theatre while you are awake.
- You may be offered sedation through an injection into the back of your hand to help you to relax.
- You will lie on your stomach with a pillow under your pelvis and your back (bottom of spine) will be cleaned with an antiseptic solution which may feel cold. Sterile sheets will then be placed around the area for injection. A local anaesthetic will be injected into your back to numb the area.
- An X-ray will be used to ensure proper positioning and we may also use an ultrasound for guidance.
- The site will be injected with local anaesthetic and a steroid. You may feel some pressure and pushing whilst this procedure is being carried out but you should have no pain. If you do feel any discomfort, please tell a member of the theatre team.
- Once completed, a plaster will be placed over the injection site. You will then be taken to the recovery area.

After the procedure

- In the recovery area we will observe you for 30 minutes as you might feel a little drowsy and sleepy.
- You will also be offered light refreshments and after this you can go home.

What do I need to do when I go home?

When you get home, please continue to take any regular medication. It may be necessary for you to take painkillers for a day or two. You might need someone at home to help you but you do not have to stay in bed. The plaster can be removed the next day.

You should gradually increase your level of activity. However, **do not** take up new exercises until your muscles have had time to adapt. Build up by your exercise levels by increasing your physical activity (e.g. walking, swimming, housework) gradually every few days. The eventual aim is to get back to a level of activity that is normal for you.

What happens after having the injection?

Some patients will experience immediate pain relief. However, it usually takes 24 to 72 hours for the effects of the steroid medication to take effect and it may be up to one week before the maximum benefits are felt. Very often more than one injection is necessary to achieve a good level of pain relief.

Some patients will experience mild pain from the procedure that will ease in a very short amount of time. On rare occasions, patients have experienced a prolonged increase in pain after the procedure.

How you respond to the injection will be monitored by you on a pain monitoring chart which we will give you to take home. Your further treatment plans will be based on this.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The clinical nurse specialists on the Pain Management helpline:

01384 244735 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/pain-management/patient-information-leaflets/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm să sunați la 0800 073 0510.

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