

Nerve Block

This is a procedure for the treatment of painful joints, neck pain leading to headache, and pain localised to other parts of the body. The nerve supplying that area is injected with local anaesthetic and steroid, to provide pain relief.

Please inform us prior to the procedure if:

- You are on medicines that thin the blood or prevent clotting. These include: Acenocoumarol, Aspirin, Apixaban, Clopidogrel, Dabigatran, Dipyridamole, Prasugrel, Phenindione, Rivaroxaban and Warfarin. You will be told how to manage these medications. You will be informed as to how this should be managed.
- You suffer from a blood disorder that interferes with clotting eg haemophilia.
- You are allergic to any medicine, food, sticky tapes, metal or latex.
- You are scheduled for any kind of surgery.
- You are undergoing steroid injections by any other doctor, if so when was the last injection and what was the dose of steroid used?
- You are due to have flu or any other vaccination, or if you have had a flu or any other vaccination within the last week.
- If there is any possibility of pregnancy or if you are you planning to conceive.

Essential information that you need to tell us on the day of the procedure:

- Is there a possibility of pregnancy?
- Are you on antibiotics for the treatment of an infection in any part of the body?
- Have you had a flu or any other vaccination within the last week?

The injection may not be done when you attend the Pain Management Unit. This may be if:

- You have received a flu or any other vaccination, within one week of the procedure.
- You are scheduled to have spinal surgery.
- You feel unwell for any reason, on the day of the procedure.
- There is a possibility you may be pregnant.
- You have a known or suspected allergy to local anaesthetic and/or steroid.
- You have an infection, at the proposed site of insertion of the needle.
- You are on Acenocoumarol, Phenindione or Warfarin. These need to be stopped for a period of time, before the procedure. You will need to be given daily injections of a drug called Heparin, as a substitute for these drugs. This needs to be planned beforehand, with the knowledge and involvement of your GP.
- You are on Apixaban, Dabigatran and Rivaroxaban, given for the prevention of blood clot formation. These medications are prescribed for a definite and possibly long period. These medications need to be stopped prior to the procedure but depending on the reason for prescribing of the drug, it may not be possible to stop the drug. You may therefore have to wait for the completion of treatment with Apixaban or Rivaroxaban before you can have the nerve block.
- You are on a medication (other than Warfarin and Rivaroxaban) that thins the blood and you have not stopped taking the drug.

How is the injection performed?

You will be admitted to the Pain Management Unit for a few hours. The procedure is performed under local anaesthetic. X-ray or ultrasound is used to ensure correct needle placement. You will be lying down or sitting, depending on the nerve to be blocked. The relevant part of the body will be cleaned with antiseptic solution and covered with sterile drapes.

The nerve will be located, using an ultrasound or x-ray machine. The skin will be numbed with local anaesthetic, followed by introduction of a fine needle. The needle may be connected to a machine that will stimulate the area with electric current.

Once the needle approaches the nerve, you may feel a tingling sensation or movement of the muscles. The needle may have to be moved around, or pulled out and re-inserted, to get the ideal position. Please inform the consultant if you feel pain or discomfort during the procedure. You can then be given an additional amount of local anaesthetic.

Please inform the consultant if you experience sudden or sharp pain during insertion or movement of the needle. This may mean that the needle is too near the nerve. Please note sedation and general anaesthetic are not used during the procedure.

What happens after the injection?

You will be kept in the unit for a short period of rest and your blood pressure will be monitored. You can go home once you are able to get out of bed, walk and feel reasonably comfortable, but a relative or a friend should accompany you home and you must not drive yourself even though you may feel able to do so. You should plan on limited activity for 24 to 48 hours after the procedure and not overdo physical activity.

Will I get pain relief straight away?

Some people feel immediate pain relief while others do so after a short interval. However, the majority of patients feel worse for a short period before the pain relief develops. If you experience some initial soreness you should take your usual painkillers and rest until it settles.

How long will the pain relief last?

The amount of pain relief with all steroid injections is variable. In some the pain relief may be long-term and in others it may last only for a few weeks or even days. However in the majority of patients it lasts for two to three months.

What are the side effects, risks and complications of the procedure?

The complications associated with a nerve block are:

- Infection.
- Steroid used may increase the chance of infection, may increase blood sugar in a diabetic and may cause flare-up of a pre-existing infection, whether local or distant.
- Damage to a blood vessel by the needle, leading to formation of a blood clot within the tissues.
- Nerve damage due to direct needle induced trauma or infection or compression by a blood clot or collection of pus.
- The nerve damage may become permanent.
- Allergic reaction to any of the medications used during the procedure.
- Discomfort/pain during the procedure.
- Sore feeling at the site of the injection.
- Short lasting flare-up of pain.
- Failure to provide pain relief.

A follow-up appointment will be made in clinic six to eight weeks after the procedure and you will be asked about your response to the injection. If you report pain relief of a significant amount and lasting for a significant duration of time, you will be offered repeat injections.

You will be placed in an 'open' list and asked to contact the Pain Management Unit, when you want a repeat injection. Please note that we do not advise more than three injections in a year, to limit the adverse effects of the steroid.

For those placed on an open list: Please inform us of any change in your health status and medications. In particular, please inform us of the following:

- If you have been started on any medication that thins the blood or prevents clotting.
- If you have developed a new allergy.

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- If you have been hospitalised for any kind of medical problem.
- If you are being investigated for a medical problem.
- If you are due to be vaccinated.

What are the symptoms and signs suggestive of nerve damage?

- Persistent numbness in the area of pain; this could be the back, leg, neck or groin, or any other part of the body that is being targeted. The local anaesthetic injected during the procedure will produce numbness in the relevant part of the body. However, this numbness should not last for more than a maximum of 8 to 10 hours.
- Weakness or difficulty of movement, in the relevant part of the body.
- In the case of injections in the back, numbness in the saddle area and/or difficulty in controlling your bladder and bowel. In other words, you may not be able to sense when you need to go and may not be able to control the urge to go.
- Replacement of the existing pain with pain of a different type. In particular, you may experience a sharp, burning or stabbing pain.

What are the symptoms and signs suggestive of infection?

- Swelling at the site of injection.
- Formation of pus at the injection site.
- Fever.

What should I do if I suspect any of these complications?

- Please contact your GP as you may need antibiotics.
- Please contact the PMU and ask the consultant concerned to be informed of your problem.
- The steroid used in the injection may increase your blood sugar temporarily. Please check your blood sugar regularly and frequently for a few days following your injection. Please contact your GP if your blood sugar stays high. Your medication or insulin dose may need to be modified.

- Development of numbness in the saddle area and / or difficulty in controlling your bladder and bowel are potentially serious complications and need to be investigated. Please attend your nearest A&E, as you may need to undergo urgent investigations and treatment.

For further information, contact the Pain Management Unit at Montagu Hospital. Tel: 01709 649040. Email: dbth.painmanagementadmin@nhs.net

Patient Advice and Liaison Service (PALS)

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net

