

PATIENT INFORMATION SHEET

Nerve Root Block

NB. This information sheet provides general information about the above procedure(s) and is not specific to you or your condition. Practice may vary between doctors and for each patient. You should consult your specialist for specific information.

What is a nerve root block?

A nerve root block is an injection around the root of the nerve that carries the sensory signals from the body (e.g. the arms and legs) to the brain. The nerve enters the spinal cord through the vertebral bones in the back.

Nerve root blocks are usually used for radicular pain (sciatic leg pain or arm pain) and are often injected in the lumbar region to reduce the sensory pain signals coming from the affected area. The pain relief is sometimes short lived, although people can experience significant and long-lasting pain relief.

The injection contains a local anaesthetic, often with a small amount of steroid. Other treatment modalities are usually used in conjunction with this procedure, such as physiotherapy.

Is this the right treatment for me?

Nerve root blocks are one option for pain management. Other treatment options may exist and these, plus information about the procedure, will be discussed with you by your pain specialist. If you are undecided on the approach, please do not provide consent and undertake your procedure. Further information can be provided.

If your health has changed it is important to let your specialist know, especially if:

- Your medications have changed, particularly if blood thinning medications have been started.
- Your medical conditions have changed, particularly being diagnosed with Diabetes or new allergies have been identified
- You have an infection within the skin or elsewhere in your body.
- Pregnancy status has changed.

What happens during the procedure?

Prior to the procedure your specialist will obtain your written consent. This involves a discussion of the procedure including risks and complications. Only sign your consent when you are ready to proceed.

Your procedure will be undertaken in a hospital or day surgery centre with specifically trained nursing and theatre teams. Imaging is often used (e.g. X-ray or ultrasound) to help guide your specialist during the procedure.

Bring your current medication list in with you for the procedure and continue taking your normal medication. Specific instructions will be provided if you are taking blood thinning medication or diabetic medications.

The majority of procedures are undertaken under sedation, although some procedures can occur without sedation. Rarely a general anaesthetic is required. You will meet an anaesthetist, who will discuss the sedation plan with you. They will usually prepare you for the procedure by measuring observations such as blood pressure, inserting a small needle to administer medications and will attend to you throughout the procedure.

During the procedure you will usually be able to talk, although you will feel quite drowsy following any sedation you are given. Your pain specialist will clean the area with an antiseptic and may inject a small amount of local anaesthetic first to the skin to numb the area, which may sting. Most patients experience only minimal discomfort while the local anaesthetic is being injected around the nerve root believed to be the source of pain. You may also feel pressure, tightness or a pushing sensation down your leg/arm.

What happens after the procedure?

You will be taken to a recovery or ward area while you are still feeling sleepy and monitored by the nursing staff. You will be advised when to get dressed and when you are safe to go home, usually within a few hours of the procedure. When the local anaesthetic wears off you may feel some aching or soreness at the injection site. Do not worry if your pain is slightly worse for a few days after the procedure. Your normal pain medications can be taken, unless advised otherwise, and the injection site should be kept clean and dry for 24 hours.

Ensure that follow-up arrangements are in place with your specialist.

Going home and overnight

If your procedure involves sedation or a general anaesthetic you must go home with a supporting adult. This does not include a taxi or uber driver. An adult must be with you overnight. If this is not possible for you, hospital admission can be arranged. If these arrangements are not in place your procedure will be postponed.

In addition, you should not drive, operate machinery, sign legal documents, provide unsupervised childcare or drink alcohol until fit to do so.

You should discuss return to work with your doctor.

Side effects

- mild local tenderness and/or bruising
- some numbness in the arms (following a neck injection) or legs (following a lumbar injection) as a result of spread of the local anaesthetic. This is temporary and will usually last no more than a few hours.
- A temporary fall in blood pressure, causing you to feel faint.
- Infection is rare, but you should seek urgent medical attention if the skin over the injection site become hot or red, or if you start to feel unwell. You may require antibiotics.
- Injuries within the spinal cord are extremely rare (less than 1 in 10 000 cases) but may occur if there is bleeding or abscess formation near the cord. If you experience persistent weakness of the legs and/or incontinence you should attend your nearest emergency department.
- The injection may not be successful, and your pain may persist.

What can I expect in the days after the injection?

You can expect some bruising and aching around the injection site. Please keep the area clean and dry for 24 hours. Your pain may initially feel worse after the procedure – this is normal, and you should take painkillers regularly until this settles, as well as your normal medications. Keep moving, although avoid strenuous activity. You can gradually increase your activity as your pain improves. Your specialist can advise further on this.