

Ganglion impar block – Information Leaflet

This leaflet tells you about Lumbar sympathectomy . It explains what is involved, and the common complications associated with this treatment. It is not meant to replace discussion between you and your doctor, but as a guide to be used in connection to what is discussed with your doctor.

What is ganglion impar block? What are the intended benefits?

A ganglion impar block is a procedure used to reduce some of the symptoms of chronic pelvic or rectal pain by blocking nerve impulses. The ganglion impar is a structure located at the level of the coccyx (tail bone).

The nerve block can be diagnostic or therapeutic. One of three things will happen:

1. The pain does not go away, which means that it is probably not coming from the nerves at the site of the injection. This is of diagnostic value.
2. The pain goes away and stays away for a few hours, but then returns. In this case, the block is also of diagnostic value, as it means the pain is probably coming from the nerves at the level of the injection, but the steroid was of no benefit.
3. The pain goes away after the block but returns later that day and then improves over the next few days. This means that the block was of therapeutic value, as both the anaesthetic agent and the steroid had an effect on the pain.

If you experience some benefit from the injection, it may be repeated.

Before the procedure

It is unsafe to perform the injection on patients with clotting problems, or in those taking anticoagulants (warfarin). It is also dangerous to perform the injection when there is an infection of the skin of the back, or septicaemia. As x-rays are used during the procedure, inform the doctor if you are pregnant or planning for the same.

The injection cannot be given to patients who are sensitive or allergic to the drugs and chemicals used. We put a dressing over the injection, and you should tell us if you are allergic to plasters, tapes or dressings.

You can continue your normal medicines, including your pain killers (unless advised otherwise by your doctor) prior to the procedure.

On the day of the procedure

Follow the instructions given to you by doctor about when last to eat or drink.

Take all your usual medication including your painkillers

Bring all your usual medication, or a list of what you are taking with you.

Make sure that someone will collect you, take you home, and is available to stay with you overnight.

The procedure will take about 15-20 minutes, but your total stay will vary between 2-4 hours.

The procedure

The procedure is done as a day case. When the injection is performed, you will need to lie on your stomach for about 10-20 minutes. An X-ray machine is used to take pictures of the injection. The site of the injection is cleaned with cold antiseptic. A small injection of local anaesthetic (lidocaine), which stings for a few seconds, is used to numb the skin near the tail bone.

A needle is then pushed through the skin, and carefully moved past the tailbone to lie next to the sympathetic nerves. This may be uncomfortable. The needle position is checked by injecting a small amount of dye that shows up in the X-rays. The treatment is then injected. You may feel some warmth, a little discomfort, or some numbness.

During the first stage, we usually start with a test, injecting a local anaesthetic (bupivacaine) and sometimes a steroid to reduce inflammation around the nerves. This injection will show whether the pain can be treated by turning off the sympathetic nerves. If the pain is helped but returns then you may be asked to return for a longer-lasting treatment. This is done in the same way, but the injection includes a chemical (alcohol or phenol) or heating (radiofrequency) that will stop the sympathetic nerves for a longer period. The injection will last for several months until the nerves grow back.

What to expect after the procedure?

The bottom may feel warm and tingling. The pain relief may not be apparent immediately. In fact, there can be a temporary exacerbation of pain (because of the needles) before you appreciate any benefit.

After the procedure you will be monitored for about 30-60 minutes and then sent home. You may feel weak or tired for a little while and so we advise that you rest for 24 hours. During this time you should not: drive a car or operate equipment. You should continue taking your usual medication and the next day you may take a bath, or shower, and remove any plasters.

If there is unbearable exacerbation of pain, unusual redness, discharge or swelling at the site of injection or persistently high temperature – you have to contact the doctor or your general practitioner immediately.

Are there any problems / risks with the treatment?

Unfortunately no injection therapy is totally risk free. As with most procedures, there is a remote risk of bleeding, infection, nerve injury or an allergic reaction to the medications used. Some short-term side effects may occur, as well. The injection of local anesthetic onto the nerve may cause some numbness in the bottom. You may have increased pain for a few days after the injection, including localized pain at the injection site. Diabetics may have a short-term elevation of blood sugars from the steroid. Very rare side effects include injury to internal organs (back passage) or permanent nerve damage.