If you require a translation please contact:

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**Patient Advice and Liaison Service (PALS)**
**01932 723553**


**Ashford Hospital** London Road, Ashford, Middlesex, TW15 3AA
Telephone **01784 884488** Facsimile **01784 884017**
**St. Peter's Hospital** Guildford Road, Chertsey, Surrey, KT16 0PZ
Telephone **01932 872000** Facsimile **01932 874757**
**Website: www.ashfordstpeters.nhs.uk**


Ashford and St. Peter's Hospitals NHS
NHS Trust

# STELLATE GANGLION BLOCK

**Pain Management Service**

# PATIENT INFORMATION

## FURTHER INFORMATION

The Pain Society provides a comprehensive web site that you may find useful at www.britishpainsociety.org


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| Author: | Dr Rose Block |
| Department | Pain Management Services |
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## WHAT IS THE STELLATE GANGLION?

The stellate ganglion is a collection of nerves that lie in the lower neck near the spine at about the level of the collar bone. The nerves here are called sympathetic nerves and control blood flow, temperature and sweating. In some people these nerves may contribute to sensitivity and pain in the upper part of the body or the face.

## WHAT IS THE AIM OF THIS TREATMENT?

The aim of treatment is to inject local anaesthetic (and sometimes steroid) around the nerves of the stellate ganglion. This is done to break the cycle of increased activity in the sympathetic nerves. The treatment is offered to reduce sympathetically maintained pain, often in a condition known as complex regional pain syndrome. The condition is different between individuals and the response to this injection treatment is therefore variable. The aim of treatment is to reduce pain and allow improvement in mobility.

## HOW IS THE PROCEDURE PERFORMED?

To have this procedure, you will be admitted to the Day Surgery Unit.

The injection is done in theatre, where you will be asked to lie semi-reclined on the trolley. A plastic cannula is placed in a vein of the hand or arm, on the pain-free side to allow medication and fluids to be given if required. The point of injection is on the neck just to one side of the “Adam’s apple” on the side of your pain. X-ray is used to visualise needle placement. Injection of local anaesthetic is carried out gradually and will temporarily block the sympathetic nerves to the upper body. It is important to lie still during the injection, and to breathe through the mouth to prevent swallowing during the short time of injection. If this is likely to be very difficult for you the procedure may be carried out under sedation or general anaesthetic.

If you wish to have sedation or a general anaesthetic this must be arranged in advance so that an anaesthetist will be present to give sedation. If you do request sedation or general anaesthetic you must have an empty stomach when you come to the Day ward, that is no food for the previous **six hours**. Water may be drunk up to **two hours** before admission.

## WHAT IS THE POTENTIAL BENEFIT?

Pain and sensitivity may be reduced allowing improved mobility and rehabilitation.

## WHAT ARE THE RISKS?

Spread of local anaesthetic to nearby nerves may, to a varying degree, cause some temporary effects. These include altered swallowing, a hoarse voice, droop of the eyelid, blurred vision, and sometimes altered strength and sensation in the arm. This will be short lived.

Spread to the nerve controlling the diaphragm may occur and this may affect breathing. If you already suffer from significant problems with your breathing, this means that the treatment is not ideal for you. Rarely the needle may cause lung injury.

Rarely, absorption of anaesthetic may occur very rapidly via a blood vessel or via the spinal fluid. This would cause drowsiness, faintness, or loss of consciousness. You will be monitored throughout for any effects of this nature, and treated immediately should this occur.

You will not be allowed to drive yourself home after the procedure and must have an adult to drive you home.



## IS THERE ANY ALTERNATIVE TO THIS INJECTION?

This injection will form only one part of a management plan to reduce pain and sensitivity in complex regional pain syndrome and to enable rehabilitation. Multidisciplinary treatment is central to management.

A combination of medications which reduce inflammation, pain on movement, and nerve sensitivity is generally recommended.

Physiotherapy and a regular programme of home-based exercise is started. Other therapists, inclusive of an occupational therapist and a clinical psychologist, are often involved.

**TENS** therapy is often beneficial as are other forms of nerve stimulation.

The stellate ganglion block injection may be useful adjunct to these other treatments, although without this other treatments may still be effective.

There is, however, no direct alternative, that is no other injection which does exactly the same thing.

## WHAT IF I HAVE ANY FURTHER QUESTIONS?

**Before treatment** – you should ask your doctor before signing the consent form.

**After treatment (on Day Ward)** - ask a member of staff, they will answer your questions or will contact your doctor.

**After treatment (at home)** - the Pain Clinic runs a helpline answerphone service for non-emergency queries.

Please call **01932 72399** - calls will be returned the following Monday or Thursday..

**Urgent calls** after day surgery should be directed to Accident and Emergency – telephone **01932 722321**, or to your own doctor.