

# Nerve Root Blocks

## Patient Information

Pain Service

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## Introduction

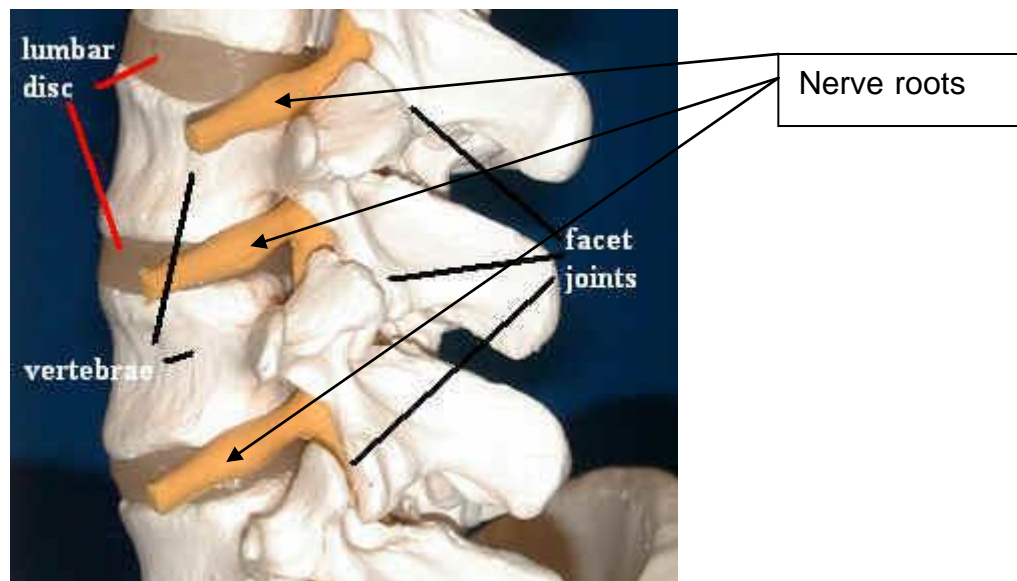
Nerve root block is the name given to an injection given close to a nerve as it leaves your spine.

This type of injection is used if you have back pain radiating to legs and when we think the pain is happening because of pressure very close to one particular nerve root.

A nerve root block is not a cure for the cause of your pain but it is used to help reduce the level of your pain.

## Why do I need the nerve root block?

Your scan has shown that one of your nerve roots is being irritated by a surrounding structure. If you scan people over the age of 30, many will have similar findings on their scan. Why some people experience pain and others not, is still a bit of a mystery. Some patients do benefit from injections of steroids around the nerve root that we think is being irritated, and the only way of finding out if this is the case for you is by trying it. The picture below explains where the nerve roots are in the spine.



## How does it work?

The injection contains a mixture of local anaesthetic and steroid. It is thought to have the following beneficial effects:

- Local anaesthetics numb the nerves for a period of hours, giving short-term relief.
- Local steroid has a long-term effect reducing inflammation around the nerve root.

If your nerve root injection is helpful, it may be repeated at your consultant's discretion.

## What does the treatment involve?

A nerve root injection is performed as a day case procedure and it is performed with the help of x-rays and a device called a nerve stimulator. This helps to identify the nerve root accurately and helps avoid damaging it.

On the day of treatment, please take all your routine medications. If you are taking any medication to thin the blood, such as Warfarin or if you have a blood clotting disorder, please inform the pain doctor or the chronic pain nurse as soon as possible, as your medication may need to be stopped before the injection to prevent bleeding.

You are advised not to eat any solid foods six hours prior to procedure. Patients can drink and have water until one hour prior to procedure. **If you are diabetic, please inform a member of staff on your arrival.**

You will be seen on the ward by one of the pain doctors, who will explain the treatment and answer any questions that you may have. You will then be asked to sign a consent form for the treatment.

Shortly before the injection, you will need to change into a hospital gown.

You will need to lie face down on the table throughout the procedure. If you have any difficulty in getting into this position, a member of staff will be there to help you. Your back will be cleaned with antiseptic and a local anaesthetic injected into the skin to numb the area. There may be some discomfort at the time of the injection.

The nerve stimulator passes small amounts of electricity into your body in small regular pulses. As the needle gets closer to your nerve root, you may feel pins and needles in the area of your pain, or a very strong discomfort in the area of your pain. Your muscles may also be activated, so part of your body may move in time with the pulses of electricity. Some patients find this experience unpleasant but bearable, as it usually only lasts a short time. When the doctor is sure they are as close to the nerve root as they want to be, your injection will be given.

You will have a small dressing on your back to cover the procedure site. This may be removed after 24 hours but do not worry if it should fall off sooner.

Following the injection you may sleep in any position that you find comfortable.

## Alternatives

Your pain specialist will have discussed alternatives with you in your consultation. These could either be medicines, different injections or physical therapies. Every patient is unique and therefore specific alternatives cannot be given on an information leaflet, as not all treatments are suitable for everyone.

## What are the side effects?

You may feel as though your back is a little bruised after the injection and also you may experience an increase in the level of your pain for a few days. This is normal but it will quickly resolve and you can continue to take your normal analgesia for pain that you have. A small percentage of patients may experience an increased level of pain for much longer. There are only minimal side effects on the rest of the body using local steroids by this route of administration. Any side effects are more likely to occur if steroids are given repeatedly over a short period of time. Examples of side effects include raised blood pressure and weight gain. Diabetics may experience short-term problems with blood sugar control due to the steroids.

Your limb may become temporarily weak, because of the local anaesthetic being close to the nerve root. It is possible, though rare, for the nerve root to be bruised – the risk of this is about 1 in 5,000. The risk of permanent damage to the nerve root is about 1 in 100,000, which is tiny but we have to mention this, by permanent nerve damage we mean that you could have weakness, pain and numbness in the area we are trying to treat.

## Aftercare

It is important that you have a responsible adult to escort you home and, if possible, stay with you overnight. You must not drive or use public transport for the journey home. It is recommended that you rest for the remainder of the day.

If the nerve root injection helps to reduce the level of your pain, please remember you will still have a problem with your back. Do not rush about doing strenuous activities, but build up your activity levels slowly.

## Risk of procedures performed during the time of the COVID-19 Pandemic

There may be additional risks to your health as a result of undergoing procedures to help manage your pain during the time of the COVID-19 pandemic, which we cannot quantify at the moment.

If you are receiving a steroid injection, we have to make sure you are aware steroids can suppress your immune system, which in turn could make you more vulnerable to the Corona virus or any other infection. We do not know whether this is a true risk, and if there is a bigger risk of developing Corona virus infection, we do not know how big the risk is.

Often, deciding whether or not to have an injection is about weighing up how badly your pain symptoms are affecting your life and what risk you are willing to accept in order to alleviate the pain (bearing in mind that the procedure may not necessarily work or in the worst case scenario, might make you worse off than you were before the procedure). A pain injection may help your pain temporarily but at the cost of an increased chance of developing Corona virus infection. The other risks of the procedure will remain unchanged from what they were before the start of the pandemic. Although there is no clear evidence in the literature that steroid injections can increase the likelihood of acquiring COVID-19 or increasing the severity, possible concerns have been raised regarding reduced survival benefit and possible harms.

We know that complications and mortality related to COVID-19 are higher in some groups of people, particularly older people and those with comorbidities / health problems.

We will not administer steroids if a person has COVID-19 infection, or if there is a possibility that he/she may have COVID-19, even if there are no symptoms at the time.

It has been suggested that a water soluble steroid may possibly be safer (e.g. Dexamethasone 3.3-13.2 mg); to avoid longer lasting systemic side effects, including suppression of the immune system. After the injections patients should self-isolate for seven days. If there are any concerns following an injection, patients can either contact the pain service on the provided telephone number (Monday-Friday 8am to 4pm) or you may have to attend the emergency department for further assessment.

Please also be aware that as this is a crisis situation, guidance and information can change very quickly and what we did a week ago may not necessarily be what we are doing today. Besides your normal procedure consent form, during the time of the pandemic we will ask you to complete an additional COVID-19 specific Patient Information and Consent Form. We would ask that you complete and return it as directed.

### **Contact information**

If you have any questions, please contact the Pain Management Team on:

**Telephone: 01942 773099.**

**It is very important that you attend any appointments made for you with either, the Doctor, Nurse, Physio therapist, Occupational therapist or the Psychologist. If you cannot attend please cancel the appointment and re-arrange, failure to cancel will result in discharge from the pain service and you will need to be re referred by your GP if you wish to be seen again.**

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## Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

## Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager  
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust  
Royal Albert Edward Infirmary  
Wigan Lane  
Wigan WN1 2NN

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## Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



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## How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website:  
[https://www.wwl.nhs.uk/patient\\_information/leaflets/](https://www.wwl.nhs.uk/patient_information/leaflets/)

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This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

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**Call 111 first when it's less urgent than 999.**