Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Suprascapular Nerve Pulsed and Ablation Radiofrequency Treatment

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Patient Information

Chronic Pain

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Introduction

Ablation of the suprascapular nerve, or applying a radiofrequency current to it, is a procedure in which electricity is applied to the suprascapular nerve; this is a nerve which supplies 70% of pain sensation from the shoulder joint. The procedure is done to see if prolonged pain relief can be provided to the patient. When the nerve is ablated (destroyed), this is done by heating the tip of the needle which carries the electricity to the nerve. When applying a pulsed radiofrequency (PRF) current, the temperature of the tip of the needle supplying the electricity is kept close to body temperature and is not considered to be a destructive process. PRF could be compared to having the nerve “tasered”. Most patients will previously have had a suprascapular nerve block on its own, to see if local anaesthetic alone has helped the shoulder pain, before progressing to either of these treatments.

What you must do before the procedure

The doctor or nurse will discuss the procedure in clinic before booking the treatment. If there is a possibility that you may be pregnant, please let us know. Consent for the procedure will be taken on the day, and the procedure will be carried out in a treatment room or operating theatre under sterile conditions. It is done as a day case procedure, and you will have to stay between 1-2 hours afterwards. You will not be able to drive immediately afterwards, so you will need to arrange for someone to take you home following the procedure. You will also need to provide us with an emergency contact number, in case we need to contact someone on your behalf.

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 eat any solid foods for 6 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.**

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

During the procedure

You may have a small cannula or ‘drip’ in the back of your hand, to enable the doctor to administer fluids if required. Blood pressure and heart rate monitors will be attached to you.

The anaesthetist will apply ultrasound jelly to the skin over the shoulder blade area on the side that you are having your procedure. They will then check over with the ultrasound probe where to administer the injection. Local anaesthetic will be injected to the skin area to numb where the stimulating needle will be inserted. There may be some stinging at the time of injection of local anaesthetic, but this will soon subside.

You may feel pins and needles in your shoulder or arm, or a muscle in the area may twitch for a short time but should not be too painful.

Radiofrequency Ablation

The Radiofrequency Ablation procedure will be carried out with full asepsis (sterile and antiseptic precautions) to reduce the risk of infection. The doctor will use an X-ray or ultrasound machine to help with the procedure.

The special Radio frequency needles will then be inserted. You will be given further local anaesthetic to cover the procedure. The machine will then be set to heat the nerve for 1 to 2 minutes.

The advantage of Radiofrequency Ablation of the suprascapular nerve is that in theory the nerve will be destroyed, so that the pain relief should be more prolonged. However, the disadvantage is that nerve will then be destroyed long term. Sometimes with destructive procedures, the nerves can react to the injury and generate a different and sometimes more unpleasant pain than the one you are experiencing. Whilst the sensation is unusual and sometimes difficult to get on top of, it often doesn’t last more than a few weeks. However, inevitably in some people, the pain may be more prolonged, so this is something to be aware of prior to having the procedure.

Pulsed Radiofrequency

The advantage of the pulsed radiofrequency application to the suprascapular nerve procedure is that it is not destroying the nerve and can in theory be repeated, although the disadvantage is that because the nerve remains, the pain relief may not last beyond several months. However, some patients can experience more prolonged relief.

Aims

Our aim is to provide good pain relief. There is no guarantee that the treatment will work, or that it will last for a specific time, if it does work.

Risks

Overall, this procedure has very few risks. However, as with any procedure, there are some risks and side effects that you should know about. Common side effects are failure of pain relief, increased pain from the injection (usually temporary), infection (rarely), bleeding and nerve damage. As a nerve is being deliberately destroyed, this can cause the onset of a different type of pain called a dysaesthetic pain, which some patients may find troublesome. This usually subsides after some time but could potentially persist. Puncturing the lung (also known as a pneumothorax) is a rare but serious complication. Injection into blood vessels and vasovagal (fainting) response are other uncommon risks. If steroids are also used in your procedure, then there is a small risk of bone damage. Steroids can also have side effects which may be temporary e.g. flushing, menstrual disturbances, weight gain and increase in blood sugar levels

If you have a cuff tear, then the procedures should not make your arm of shoulder weaker than it already is. However, it is possible that this may happen if the cuff has not torn completely. Fortunately, this is rare.

Alternatives

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

Aftercare

It is important that you have a responsible adult to escort you home and someone who could help you later if needed. You must not drive or use public transport for the journey home. It is recommended that you rest for the remainder of the day.

You may have some numbness and weakness surrounding your normally painful area and also the procedure site; this may last for some hours after your procedure and is due to the local anaesthetic given. This is normal, but if you are concerned, please contact us.

It is normal to be tender at the procedure site for a short period of time afterwards. If there is redness, swelling and increased temperature of the skin, please contact us. If this is at a time when we are not open, please contact your GP or go to A & E if the swelling and other changes are significant.

You will be given a follow-up appointment to review the outcome of the procedure, either face to face or over the telephone; please let us know which you prefer.

If I get steroid in my procedure will the steroid injection affect how well my COVID vaccine will work?

For a non-essential steroid injection, any vaccine you have, including the Flu vaccine, Shingles or the RSV vaccine, should be delayed by 2 weeks after the steroid injection and not be given within 2 weeks before a cortisone injection.

Where a patient has booked their injection appointment with the booking team and they subsequently are notified of their vaccination date, which falls within the 2 weeks either side of their steroid injection, they are advised to contact the booking team to rearrange their pain injection. Or contact their vaccine provider to discuss rearranging their vaccination appointment. Should patients not follow this advice they risk being cancelled on the day.



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