Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Suprascapular Nerve Block

Version number: **2**
Last modified date: **12th November 2026**

Patient Information

Pain Team

- Author ID: LB
- Leaflet Ref: Pain 046
- Date Produced: October 2026
- Expiry Date: October 2028

Introduction

A suprascapular nerve block is a procedure in which some of the sensory nerve supply to the shoulder is blocked to provide pain relief. A suprascapular nerve block on its own is usually done with local anaesthetic only, to determine if this will help with the shoulder pain. Some doctors will use local anaesthetic and steroid for the suprascapular nerve block. Your doctor may ask you to keep a pain diary after the procedure. If the suprascapular nerve block procedure with local anaesthetic doesn't help your pain, then depending on circumstances, the procedure may be repeated, or the doctor can proceed to apply a pulsed radiofrequency to the nerve or carry out ablation (destruction) of the nerve. A separate information leaflet is available for radiofrequency treatment.

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 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 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 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 block is usually completed with the help of a device called a nerve stimulator. 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 an 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.

The stimulating needle will then be attached to the nerve stimulator, so that local anaesthetic can be given to as close to the nerve as they need to be. 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 unbearable.

Following the procedure, you may be given a pain diary to assess the effectiveness of the treatment and if this were the case, we would ask you to post the diary to us or send it to us by e-mail. The diary will help medical staff to decide what future treatment to give you. An injection of local anaesthetic can sometimes give surprisingly long pain relief, in which case it may be repeated. Other procedures like the application of a pulsed radiofrequency current to the suprascapular nerve or ablation (destruction) of the suprascapular nerve may be offered to you but would be discussed with you in clinic with your consultant. A separate information leaflet is available for the radiofrequency treatment.

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 indeed 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.

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 used, then there is a small risk of bone damage. Steroids can have side effects which may be temporary e.g. flushing, menstrual disturbances, weight gain, increase in blood sugar levels.

If you have a cuff tear, then the injection should not make your arm or shoulder weaker than it already is. However, rarely it is possible that this may happen if the cuff has not torn completely. With a block, this effect should be temporary, but extremely rarely, this effect may be permanent.

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 procedure site, for some hours after your procedure; this 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 steroids are given, how 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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