

HOW LONG CAN I EXPECT THE PAIN RELIEF TO LAST?

The duration of pain relief is variable and difficult to predict. The injection may last from a few weeks to several months. The aim is to break the pain cycle to enable you to engage in a rehabilitative process, which is the mainstay of treatment for chronic pain.

IS THERE ANY THING I NEED TO INFORM THE DOCTOR BEFORE THE PROCEDURE?

- ◆ You should always tell the doctor if you are pregnant or likely to be pregnant.
- ◆ You should inform the doctor about any blood thinning medications that you might be taking. This includes Aspirin, Clopidogrel, Warfarin, Heparin and some of the newer ones like Rivaroxaban.
- ◆ Finally, always inform the doctor about your allergies, especially latex, iodine and medications.



OTHER TREATMENTS OFFERED

Lumbar epidural Injection	Lumbar radiofrequency Denervation
Lumbar Facet Injections	Botox for Migraine
Cervical Facet Injections	Trigger Point Injection
Lumbar Diagnostic Blocks	Sacro-Iliac Joint Injection
Cervical Diagnostic Blocks	Coccygeal Injection
Transforaminal epidural Injections	Occipital Nerve Blocks
Plantar Fascia Injections	Trochanteric Bursa Injections

OTHER CONDITIONS TREATED

Fibromyalgia	Trigeminal Neuralgia
Mechanical Low Back Pain	Neuropathic Pain
Headache	Diabetic Neuropathy
Migraine	Complex Regional Pain
Sciatica	Whiplash Pain
Sacro-iliac Pain	Medical-Legal Reporting (Personal Injury)
Trochanteric Bursitis	

CONTACT ME

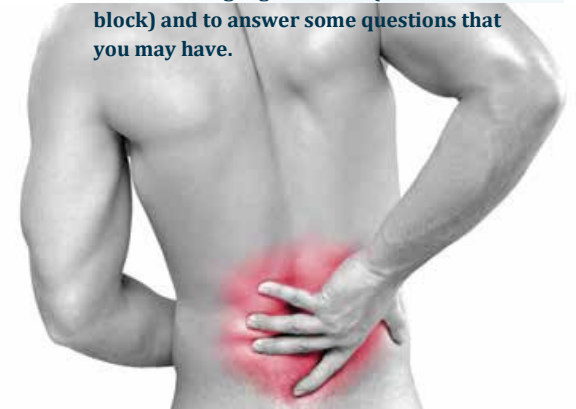
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Dorsal Root Ganglion Block

Transforaminal Epidural Steroid Injection

Nerve Root Block

The aim of this information sheet is to provide you with information relating to a dorsal root ganglion block (nerve root block) and to answer some questions that you may have.



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WHAT IS A DORSAL ROOT GANGLION BLOCK?

A dorsal root ganglion block is an injection of local anaesthetic and steroid around the dorsal root ganglion. The ganglion looks like a small swelling on the nerve that joins the spinal cord. This ganglion contains nerves that carry sensation. The sensory nerves enter through a hole referred to as the intervertebral foramen. The procedure is therefore, sometimes referred to as a transforaminal epidural because local anaesthetic and steroid may spread to the epidural space when injection is undertaken. It may also be called a nerve root injection.

Dorsal Root Ganglion blocks are used mainly for localised radicular pain (sciatica or arm pain) pain where simpler measures have not helped. They are most commonly used in the lumbar region. Pain relief can be short-lived although some people can get significant and lasting pain relief from these injections. The injection is usually undertaken alongside other treatments such as physiotherapy.

WHAT HAPPENS DURING THE PROCEDURE?

During the procedure, you will be asked to lie in the prone position (on your tummy). Monitoring of blood pressure and heart rate is routine.

Local anaesthetic is used to numb the skin. The needle is directed towards the dorsal root ganglion suspected to be a source of your pain.

X-ray contrast (a solution that is visible under XRay) is used to check the needle is correctly positioned.

When injecting the medications you may feel pressure, tightness or a pushing sensation in your back or leg. If there is any discomfort, do let the doctor know

The procedure is performed under local anaesthetic and you will remain awake during the procedure.

ARE THERE ANY RISKS OR SIDE-EFFECTS?

As with any procedure, side-effects may occur. These are usually minor but there are risks with this procedure.

Side-effects may include;

- ◆ Mild local tenderness and/or bruising at the site of the injection.
- ◆ Headache. 1:100. The epidural needle may be placed too far and spinal fluid (CSF) encountered. This is called a dural puncture and may lead to headache. If a severe headache does develop following your injection, take some Paracetamol, drink plenty of water and lie flat. If the headache continues for more than twenty-four hours please contact your GP or Pain Clinic
- ◆ The local anaesthetic may cause temporary numbness and/or weakness in your legs (lumbar injections) or arm (cervical injections). This resolves in minutes or hours
- ◆ Blood pressure may briefly fall and you may feel faint
- ◆ Infection (Rare). Seek medical help if there is local warmth or redness over the site of injection with tenderness and/or you feel hot and unwell. This may require antibiotic treatment
- ◆ Nerve damage. Serious nerve injury is rare (less than 1 in 10,000 cases). This may occur when there is serious bleeding or infection abscess near the spinal cord, or even physical injury from the needle or injection itself. Persistent weakness of the legs and/or incontinence require further urgent investigation.
- ◆ Injection treatments are not always effective and may not help your pain

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FOLLOWING THE PROCEDURE

A nurse will monitor you for up to 30 minutes after the procedure. The nurse will take your pulse rate and blood pressure. Occasionally you may feel your legs to be slightly heavy after the procedure.

You will be instructed not to drive for up to 24 hours after the injection or longer if you feel unsafe.

You will need some one responsible to take you home.

You can generally return to work the next day but you should avoid heavy work and strenuous activity for up to 48 hours.

The procedure may not help in some cases. Your pain may be exacerbated for up to a week or sometimes longer from the steroid injection. We always warn you about serious side effects including infection, nerve damage and bleeding but these are extremely rare.

WHAT SHOULD I EXPECT IN THE DAYS AFTERWARDS?

You may experience some soreness or aching at the injection site. Please keep the area of the injection dry for 24 hours following the procedure. Do not worry if your pain feels worse for a few days as this sometimes happens. Take your regular pain killers and medications as normal and this should settle down. Try to keep on the move about the house whilst avoiding anything too strenuous.

