

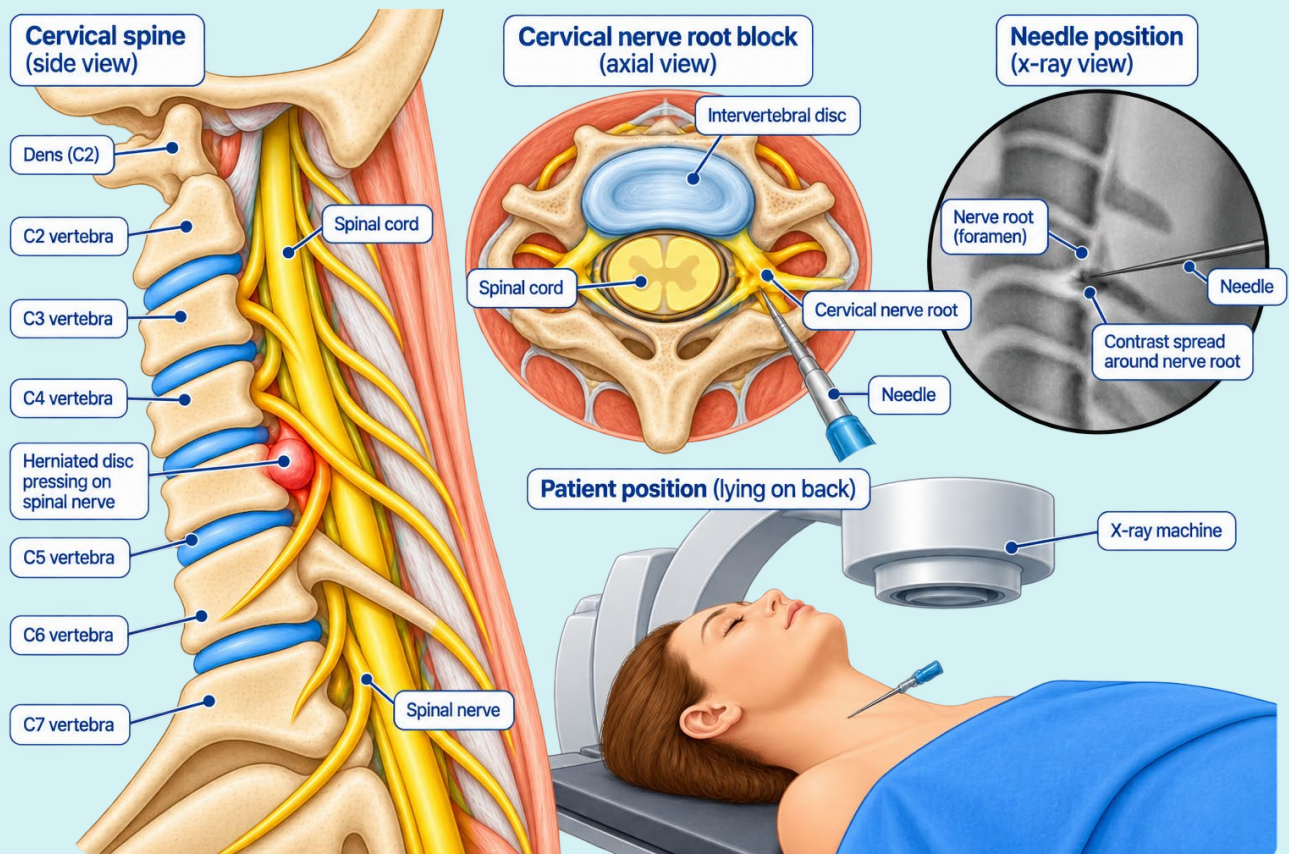
Information leaflet

Cervical nerve root block injection (A5753)

This is an injection in your neck.

The intervertebral discs can sometimes be damaged and bulge. The small joints of your back can develop wear and tear (arthritic) changes. These can both cause narrowing of the spinal canal. The spinal canal is the part of your spine that contains the spinal nerves.

When these nerves don't have enough space, you can get pain, pins and needles or heaviness in the arms. This procedure aims to relieve the arm symptoms caused by pressure on the spinal nerves.



What is in the injection?

The injection is a mixture of local anaesthetic and non-particulate steroid. The steroid is an anti-inflammatory medication to reduce the effects of inflammation in the area. The anaesthetic is included to help reduce the pain of the procedure and block pain signals.

The anti-inflammatory effects of the injection sometimes work immediately but may take up to 2 weeks to reduce your pain. The reduction in pain might be short term or long term and it is difficult to predict how an individual will respond.

The goal of these injections is primarily to reduce your arm symptoms although it can sometimes help with neck and shoulder symptoms as well.

Medicines

If you take any anticoagulant medications that 'thin the blood' you will be asked to stop these prior to your procedure. The length of time is different for different medications so please discuss this with Mr Bateman in advance. You can restart your usual medication the day after the procedure.

What happens during the procedure?

On the day of your procedure, you will see Mr Bateman who will confirm you wish to proceed. He may ask you to confirm your symptoms again. You may be asked to change into a hospital gown. You may have to wait a while on the ward or in the waiting room for your turn to have the injection.

When everyone is ready you will be escorted to the operating theatre or treatment room by a nurse and asked to lie on your back with a pillow under your knees if you wish. Mr Bateman and his team will confirm your details with you before starting.

The side of your neck will be exposed by loosening your gown at the top. Antiseptic solution is applied to your neck with a small sponge. Mr Bateman will rest a needle on your neck and take an X-ray. This is to find the correct location for the injection. A small needle is then inserted under X-ray guidance and some contrast injected. Once Mr Bateman has confirmed that the needle is in the correct location then the mixture of steroid and local anaesthetic is injected slowly.

On rare occasions the contrast can enter small blood vessels near the nerve. When this happens the needle can sometimes be moved to a better position and the injection continue as planned. Rarely the procedure has to be stopped at this stage and you may be invited to return on a different occasion to try the procedure again.

Once the needle has been removed a spray on dressing is applied. You will then be helped back to the ward or waiting room. A wheelchair is sometimes offered.

When you feel comfortable and the nurse says it is safe to do so, a friend or relative can take you home.

What are the risks?

This injection can be uncomfortable.

The drugs used may also cause unusual sensations such as headaches, light headedness, feeling faint or sleepy and a sensation of warmth and flushing in your arms or legs. Do not be alarmed by these feelings, different reactions can be quite normal.

Please mention to Mr Bateman or a nurse any strange feelings you experience.

Sometimes arm or neck symptoms may flare up for a few days in response to the steroid. If this does occur symptoms should settle again by two weeks at the latest.

Possible rare complications

There is a low risk of infection at the injection site – less than 1 in 5000. If any redness, heat, swelling or discomfort around the injection site persists after 24 hours please telephone the hospital and speak to a nurse.

There is a very small risk of bleeding that could cause pressure on the spinal nerves (<1 in 10,000).

There is a very small risk (<1 in 100,000) of stroke with any steroid injection into the neck. Mr Bateman uses a non particulate steroid that has never been reported to cause this so the injection is as safe as possible.

What happens after the procedure?

Please be careful when you first try to stand up after the injection as you may feel lightheaded, weak or numb.

You will need to organise transport home, it is not advisable to drive until the day after your injection. Your insurance company may refuse to meet a claim if they feel you have driven too soon.

In order to gain maximum benefit from the injections, we suggest that you consider the following advice:

- Remain as active as pain allows
- Do regular core strengthening exercises and stretching exercises

As the injections begin to take effect, we hope you will experience less pain. You can reduce your pain relievers as your symptoms improve.

Alternatives

Managing your symptoms in other ways is an option:

This can take the form of medications, including pain relievers.

Physiotherapy may be beneficial in teaching neural stretching and core strengthening exercises and enabling you to self-manage your problem in the longer term.

If surgery is an option then Mr Bateman will have discussed this with you.

Will it work?

Evidence suggests that this injection has a 60–70% chance of improving your symptoms in a meaningful way and a 50% chance of avoiding the need for further treatment in the form of surgery.