1. **What is a lumbar sympathetic block?**

A lumbar sympathetic block is an injection around a junction or ‘crossroads’ where many nerves meet. This junction of nerves (sympathetic nerves) can sometimes be responsible for sending pain messages to the brain. Pain from the leg, and occasionally the lower back, can send messages through this junction. It is not at all clear why this happens.

Injecting local anaesthetic around this nerve junction blocks the pain messages, causing the pain to be reduced. An anti-inflammatory steroid may be injected with the local anesthetic. If required, only a small amount of steroid is needed. Blocking the sympathetic nerves also causes the blood vessels in the legs to dilate, meaning they become wider. This will improve the blood supply in patients that are having pain because of poor circulation.

It is not unusual for someone to need more than one injection to get long term benefit. The injections may be done in a series of up to three injections initially about 1-2 weeks apart if needed. If the pain significantly improves, no further injection is needed unless the pain begins to come back.

**Note:** The procedure can not be performed if you have an active infection, flu, cold, fever, very high blood pressure, or if you are on blood thinners. Please make your doctor aware of any of these conditions. This is for your safety!

2. **What are the risks and side effects?**

This procedure is safe. However, with any procedure there are risks, side effects, and possibility of complications. The most common side effect is pain - which is temporary. The other risk involves bleeding, infection, spinal block, epidural block, and injection of the local anesthetics directly into blood vessels (seizure, Arrhythmias) and surrounding organs. Fortunately, the serious side effects and complications are uncommon.

Some short-term side effects may occur. If local anesthetic spreads to nearby nerves you may have weakness or numbness that can last for 1 – 2 hours. If this happens you will have to stay in the Murphy Pain Center until this resolves. You may have increased pain for a few days after the injection. Diabetics may have short-term elevation of blood sugars. People prone to fluid retention may have increased fluid retention for 1 – 2 weeks.

3. **Will the injection hurt a lot?**

The procedure involves inserting a needle through skin and deeper tissues (like a "flu shot") so there is some discomfort involved. However, we numb the skin and deeper tissues with a local anesthetic using a very thin needle before inserting the actual block needle. Most people say the stinging/burning of the numbing medicine is the most uncomfortable part of the procedure though every person’s response to any procedure is different.

4. **What happens during the actual procedure?**

After signing a consent form and checking your blood pressure the procedure will be done in the fluoroscopy (x-ray) room with you lying on your stomach. The patients are monitored with EKG, blood pressure cuff and blood oxygen-monitoring device. The back is then cleansed with an antiseptic soap and a drape is placed. The skin is anesthetized (numbed) with a local anesthetic. This is felt as a stinging or burning sensation. Temperature sensing probes may also be placed on your feet. Fluoroscopy (X-rays) is used to guide the needle(s) into the proper position. Pressure is the usual sensation felt – if pain is felt, more local anesthetic will be used. Once in the proper position, the medication is infused and procedure is complete. Your skin will be cleansed and a bandage will be applied. (The bandage can be removed
when you get home). Your vital signs will be checked. You will be escorted to the recovery area where you will be offered something to eat and drink. You will be monitored in the recovery area for 15 minutes. Your pain level will then be re-assessed and you will be discharged to leave with your ride.

Should you have your injections in the hospital, you will recover and be discharged per hospital protocol.

5. What should I expect after the injection?

Immediately after the injection, you may feel your lower extremity getting warm. In addition, you may notice that your pain may be gone or quite less. You may also notice some weakness and/or numbness in the leg which is only temporary.

Some local tenderness may be experienced for a couple of days after the injection. You will be given instructions on the use of ice and heat at your discharge to help minimize this discomfort. You may take your usual pain medications as well after the injection.

6. Will I have any restrictions on the day of the procedure?

**Do not eat or drink** for 6 hours prior to the procedure. You may take your medications for blood pressure or heart with a sip of water. You may also take your pain medication with a sip of water if you are able to tolerate it on an empty stomach. **If you are DIABETIC or take BLOOD THINNERS, you will need to contact the office prior to your procedure** for instructions, unless you received instructions when you scheduled the appointment. Be aware that some types of blood thinners must be stopped several days prior to your injection which will require the approval of your prescribing physician.

You may not drive for the remainder of the day after your procedure. An adult must be present to drive you home or to go with you in a taxi or on public transportation. **The procedure will be canceled if you don’t have a responsible adult with you!! This is for your safety.**

No heat is to be used in the injected area for the remainder of the day.

No tub bath or soaking in water (i.e. pool, jacuzzi, etc.) for the remainder of the day.

You may return to eating and drinking as usual after your procedure.

7. For what reasons should I call the Murphy Pain Center after the injection?

If you experience severe back pain, new numbness or weakness of your legs, loss of control of your bowels or bladder, or signs of infection in the area of the injection, you should call the Murphy Pain Center right away at 502-736-3636.

References:
Harvard Medical School-Brigham and Women’s Hospital Pain Management Center. [http://www.hmcsnet.harvard.edu/brighampain/faqs/epidural.html](http://www.hmcsnet.harvard.edu/brighampain/faqs/epidural.html)