

# Nerve Blocks

*Information and advice for patients*

## Pain Management

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PATIENTS  
PEOPLE  
POPULATION

Your doctor at the Pain Management clinic has suggested that a nerve block injection may help ease your pain. This leaflet will briefly explain the treatment. It is important that you understand the treatment you will be receiving.

## What is a Nerve Block?

An injection of a local anaesthetic and anti-inflammatory drug (steroid), close to a nerve to try and relieve the pain. Sometimes it may be used to identify or diagnose the cause of a pain.

Some common examples of nerve blocks include:

### Inter-costal nerve block

An inter-costal block is an injection around the ribs of the chest. Your ribs have nerves near them, which travel from your spine around the sternum (centre of the chest) these are called the inter-costal nerves and an injection here numbs the nerves that go part of the chest wall.

### Femoral Nerve Block

A femoral nerve block is an injection given near the femoral nerve, in the groin area. It is often given for pain in the leg/knee area.

### Ilio-inguinal Nerve Block

An ilio-nerve block is an injection given to the groin area. It is often given for pain in the groin but may also be used to help diagnose problems affecting this area.

### Suprascapular Nerve Block

The suprascapular nerve block is responsible for the sensation of about 70% of the shoulder joint. A suprascapula nerve block can help improve pain, disability and range of movement at the shoulder.

## Notes

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## Contact details

If you have any questions or concerns please contact us on:

Tel: 0121 507 4866

Monday - Friday 9am - 4pm

If you have any problems outside these times, or are experiencing severe side effects, please contact your GP.

## Further information

More information with regards your condition, treatment options and support groups, can be found at:

- [www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk)
- [www.britishpainsociety.org](http://www.britishpainsociety.org)
- [www.painconcern.org.uk](http://www.painconcern.org.uk)
- [www.arthritisresearchuk.org/arthritisinformation](http://www.arthritisresearchuk.org/arthritisinformation)
- [www.nhs.uk/Conditions/Osteoarthritis/Pages/Treatment.aspx](http://www.nhs.uk/Conditions/Osteoarthritis/Pages/Treatment.aspx)

For more information about our hospitals and services please see our website [www.swbh.nhs.uk](http://www.swbh.nhs.uk), follow us on X [@SWBHnhs](https://twitter.com/SWBHnhs) and like us on Facebook [www.facebook.com/SWBHnhs](https://www.facebook.com/SWBHnhs).

## What are the benefits?

The benefit is that the injection it can reduce inflammation and relieve your pain. The amount of pain relief gained varies from person to person, and may last from a few days to several months.

## Are there any risks or side effects?

We are unable to state the exact frequency of some of these occurring as there is little statistical data available from published clinical trials. However, possible risks include:

- Occasionally bruising may occur around the site of the injection.
- The steroid part of the injection can take several weeks to take full effect so the pain may worsen. This is normal and should settle.
- Sometimes people can faint during, or after, the injection. We will monitor your blood pressure and ask you to rest after having the injection.
- Infection in the injected area. This risk is increased for people with diabetes.
- Allergic reaction to the injection although this is very uncommon and occurs in less than 1 in 7000 procedures. The reaction can be just a rash, or, even more rarely, a life threatening event. We will provide treatment for this if you have a reaction.
- Collapsed lung with inter-costal nerve block
- Nerve damage – small risk
- Failure of the procedure to help

## Are there any alternative treatments?

Alternative methods for managing your pain include medication, physiotherapy, TENS or attending a Pain Management Programme.

## Preparing for the procedure

Please let us know if you are taking anticoagulant medications (blood thinners) such as Apixaban, rivaroxaban, clopidogrel (Plavix), warfarin or dipyridamole. You may need to stop these before the procedure.

If you are taking Warfarin we may need to do a blood test before you have the procedure.

Please be aware that this may cause a slight delay to your treatment.

You can continue to take all other medications as prescribed.

You may eat and drink as normal.

## The procedure

You will be admitted to the Minor Ops unit in the Birmingham Treatment Centre. Please note that this is a mixed sex facility.

When you arrive, a nurse will check your blood pressure and complete an admitting assessment.

The doctor will then explain the procedure and ask you to sign a consent form. Please make sure that you understand the procedure and ask any question.

## During the procedure

The whole procedure takes about 20 minutes. X-rays or ultrasound will be used throughout the procedure to ensure the correct area is injected.

1. You will be taken to the procedure room and asked to lie on the x-ray table.
2. The doctor will then inject the area.

The area injected may feel numb for up to 6 hours following the injection.

## After the injection

After having the injection you will be asked to wait in the clinic for approximately 15 minutes. When you feel ready, and the staff are satisfied with your condition, you will be able to go home accompanied by a friend or relative.

You should not drive a vehicle yourself or travel on public transport for the rest of the day.

Once at home you should take it easy for the rest of the day, but start normal activities again the next day, building the level of activity gradually as you feel able.

The steroid injection may take a few days to start acting and relieving the pain. Initially the pain may even feel worse, but this should settle. It is important that you continue taking your usual pain killers until the injection starts to work.

## Discharge procedure

After the procedure you will be discharged back to the care of your GP who will review your progress at your request and re-refer back to the Pain Clinic if they deem this to be necessary.