

Having a diagnostic genicular nerves block to treat knee pain

Pain Management

Information for Patients

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What is a diagnostic genicular nerves block?

A genicular nerves block is a procedure where the nerves in your knee are “blocked” with an injection of local anaesthetic. This is done using ultrasound to make sure the needle is in the right place.

If it helps with your pain, then we will talk about a longer lasting treatment called radiofrequency. We use an electric current to block the nerve. If the nerve block does not help, we may need to talk about a different plan to help with the pain.

When do we do genicular nerves block?

A genicular nerve block is a treatment that does not involve surgery. It is used to help reduce pain in your knee. This pain can be due to:

- wear and tear in the knee joint
- ongoing pain after knee surgery
- injuries
- damage to parts of the knee like the meniscus or ligaments.

Why should I have this procedure?

You may benefit from genicular nerves block if you

- have long-term (chronic) knee pain due to arthritis,
- have pain after knee replacement,
- are not fit for knee replacement
- want to avoid surgery.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester’s Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What do I need to do to prepare for the injection?

- You should continue to take all your routine medicines, if you take any.
- If you are a diabetic, your doctor will talk to you about your medicines.
- You will need to arrange for travel to and from the hospital. Do not drive for 24 hours.
- Please arrange for someone to stay with you overnight.
- You will be asked to change into theatre gown.

Important information before having the procedure

You must let us know before the procedure if:

- you are taking any blood-thinning medications (warfarin, clopidogrel, apixaban, dabigatran, prasugrel, dipyridamol). This will affect how and when your procedure is done.
- think you are **pregnant**
- have **infection** at the site
- are **diabetic** have **epilepsy or Parkinson's disease** (It is very important to keep on taking the medicines for these if you are on them)
- have a **pacemaker**

How do we do this procedure?

- This is a day case procedure.
- It is done with a scanning machine called ultrasound to confirm the position of the needle. Ultrasound is safe and does not have any harmful radiation.
- Once the needle is in the right place, we inject local anaesthetic.

What happens on the day?

Before the procedure

A doctor will talk to you about the procedure. You will sign an electronic consent form.

During the procedure:

The procedure is done in a clean room.

You will be lying on your back.

The doctor will clean the knee with antiseptic liquid before the procedure is done.

Ultrasound will be used before the needle is inserted.

The procedure usually takes 10 to 15 minutes.

After the injections

You may have some discomfort in and around your knee.

You will be checked in recovery. You will need to stay for up to 4 to 5 hours. The length of stay depends on the list and the number of patients in the list.

We advise you not to drive for 24 hours after the injection.

You need to go home with a responsible adult. They need to stay with you after the injection overnight.

What are the benefits?

It can help with pain relief for a short time.

If the injection helps, there is another procedure we can do. Radiofrequency uses electric current to block the nerve. It can help for 9 to 12 months.

If the injection does not help, you will be followed-up in the clinic to discuss other options.

What are the possible risks?

The injections are very safe. Serious side effects or complications are rare. Like all injection procedures, there are some risks:

- bleeding
- bruising
- failure of the injection to work (complete or partial)
- flare up of pain (increase in pain)
- injury to muscles and ligaments
- nerve injury and paralysis. This risk is rare and estimated around 1 in 10,000
- allergy to medicines is rare but can be serious

Please note: No procedure is risk free. Serious complications such as long term major nerve damage, paralysis or possible fatality are very, very rare with a probable risk of 1 in 10,000.

When should I get urgent medical help after the injection?

Contact your GP or get medical help if you have any of the following:

- fever more than 38.5 degrees Celsius,
- shortness of breath,
- more pain lasting over a week,
- more weakness or numbness or a sign of infection at the needle site (red, warm, tender, swollen, drainage).

If you cannot get hold of your GP, then please go to the nearest Emergency Department.



Follow up

A nurse will call you about 6 months after your injection.

If the injection is successful, we may arrange for you to have a repeat injection. We will offer radiofrequency treatment if we think it is suitable.

If there is any more information you need, please ask your pain physician or nurse specialist.

Contact details

Pain administrative team: 0116 258 4471 or 258 8253

Monday to Friday 9am to 4pm. There is an answerphone. We will call you back within 48 hours if you leave a message.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

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