

Suprascapular nerve injection for shoulder pain

Pain Management

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Information for Patients

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Introduction

This leaflet is about suprascapular nerve block, what it is and the risks and benefits. It also explains what happens during the procedure.

What is the suprascapular nerve?

The suprascapular nerve is the main nerve over the shoulder joint. It helps the shoulder move and gives feeling to 70% of it. Injecting local anaesthetic around this nerve can help reduce long term shoulder pain.

What is a suprascapular nerve block injection?

It is an injection of local anaesthetic and steroid around the nerve.

The local anaesthetic and steroid block the pain signals sent to the brain. This injection is used for

- long-term (chronic) shoulder pain
- osteoarthritis of the shoulder when surgery is not an option
- lasting pain after a shoulder operation
- frozen shoulder
- torn muscles around the shoulder (rotator cuff tear)

Although steroids are not licensed for this specific procedure, their use is well known in the pain management for nerve blocks.

The injection is not a cure for your pain. It is one of the options to lower the pain levels.

**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

How does it work and what are the benefits?

The injection has a mixture of local anaesthetic and steroids.

Local anaesthetics numb the area for a some hours. It gives short-term pain relief.

Steroid reduces pain for a longer time.

What is radiofrequency treatment of suprascapular nerve?

If the injection helps, you may be suitable for suprascapular nerve pulsed radiofrequency treatment.

The procedure is like the block injection. Special equipment is used including radiofrequency machine, probe, and needle.

Pain relief from radiofrequency treatment of the can last between 4 months to 24 months.

Important Information

You must tell us 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 an **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**

What are the possible risks?

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

- bleeding and bruising
- failure (complete or partial)
- flare up pain (increase in pain)
- Short-term weakness in the muscle around shoulder
- injury to the lung
- injury to nearby muscles
- nerve injury
- steroid side effects

Please note: No procedure is risk free. Long-term side effects and complications including more pain are uncommon, we cannot rule out the possibility.

Serious complications such as long term major nerve damage, paralysis or possible death are very, very rare. There is a probable risk of 1 to 2 in 100,000 or less.

What are the risks?

Rare risks:

- Severe allergic reaction (anaphylaxis)
- A small risk (less than 1%) of a punctured lung. This is a serious complication. If you have serious problems breathing, please go to your nearest Emergency Department right away.

Steroid-related risks:

Steroid injections for pain relief have very few side effects, but:

- If you have diabetes: you may have a slight rise in blood sugar for up to 48 hours. You should check your blood sugar very carefully. Contact your GP or diabetic nurse if you have any problems.
- If you have heart failure: you may have more shortness of breath due to salt and water retention. Contact your GP or nurse if you have any problems.

Female patients: you must tell us if you are or might be pregnant. If you are not sure, we will offer you a pregnancy test.

Are there other options?

Your pain specialist will have discussed other options with you.

These will depend on your particular situation. Please talk to your consultant.

What happens on the day

- The consultant will discuss the procedure.
- You will sign an electronic consent.
- You will be with us for to stay for up to 4 to 5 hours. Most consultants are happy for you to eat and drink, but depending on your medical condition, they will advise you.
- You will be fully awake and sitting up during the injection. The doctor will give local anaesthetic to numb the area.
- The procedure takes about 15 min.
- You need someone to drive you home. Do not drive for 24 hours.



When should I get medical help urgently the after the injection?

Contact your GP or seek 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
- 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 clinical nurse specialist will phone you about 6 months after your steroid injection.

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

If the injection works you may get a repeat injection. We may offer radiofrequency treatment if we think it is right for you.

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.

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Previous reference:

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