

# Having a nerve root block injection for pain

Radiology Department  
Information for Patients

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## Introduction

If you are an outpatient, please read your appointment letter carefully. Check which hospital your appointment is at.

**Please read all of this leaflet.** It has important information and instructions.

## What is a nerve root block injection?

This is an injection of local anaesthetic and steroid medicine. We inject these medicines around the nerves that come from your spine.

Swelling/ inflammation around these nerve roots can cause pain in your arms and legs. A nerve root block may help reduce this pain, but it is not a cure.

We can use this procedure as a diagnostic test to find the source of your pain.

We can do the injection on your neck (cervical spine) or lower back (lumbar spine).

## Important information we need from you

**Please tell X-ray staff when you arrive if you:**

- are allergic to iodine or rubber (latex), have any other allergies
- have asthma.
- think you could be pregnant.

**If you have diabetes:**

- please tell the person doing your procedure before it starts. This is important.
- the steroid injected around the nerve root could affect your blood sugar level temporarily.
- check your blood sugar more closely for the next few days.
- if your blood sugar stays high, or you are worried about it, contact your GP or diabetes clinic for advice.

## What if I take blood thinners?

If you take blood thinners (anticoagulants or antiplatelets) you may need to stop taking it. Or, you may need or take a different one for a few days.

Please call the radiology department for advice as soon as possible. The phone number to call is on your appointment letter. It is also at the end of this leaflet. We will ask you what blood thinning medicine you are taking, how much you take (the dose), and what you are taking it for.

**Examples of these drugs include:**

**aspirin, warfarin, clopidogrel (Plavix®), apixaban (Eliquis), edoxaban (Lixiana), rivaroxaban (Xarelto), ticagrelor (Brilinta),** dalteparin, enoxaparin and heparin.

You may have already been given instructions on blood thinners by the doctor who referred you for this procedure. Please still call the radiology department so we can check this.

## What arrangements must I make before my procedure?

Before your procedure, please plan for the following:

- A responsible adult must collect you and take you home by car or taxi after your procedure.
- A responsible adult must stay with you for at least 24 hours after your procedure.
- Do **not** drive or cycle for at least 24 hours after your injection. Only drive again when you can safely control the vehicle and do an emergency stop if needed. For some people, this may take 2 or 3 days. **Driving before you are fit to do so could affect your insurance cover.**

## How do I get ready for the procedure?

**Take your usual prescribed medicines** unless you are on blood thinners.

### When should I cancel my appointment?

Please call the number on your appointment letter or at the end of this leaflet to tell us if you:

- have a high temperature (fever) and are feeling unwell
- are on antibiotics
- are within a few days of a surgical procedure
- are having a COVID-19 vaccination within 2 weeks before or 2 weeks after your appointment for the injection or aspiration.

We may need to re-arrange your appointment.

### Eating and drinking instructions

- **Do not eat for 2 to 3 hours** before the appointment. Please have something to eat before this. You may have sips of water, cordial, sugary drink, or another drink up to the procedure time.

We ask you to do this for your safety. Some people feel light-headed and faint during or after the injection. We do not want you to be sick (vomit) if you faint, as doing so could affect your health.

You can bring food and drink with you to have after your procedure.

## Who will be doing the procedure?

- A doctor who specialises in these X-ray treatments (a radiologist) will do your procedure.
- A radiographer will move and control the special X-ray equipment.
- A nurse or radiology assistant may be there to help you and the doctor.
- A student may also be in the room. If you do not want this, please tell us.

## How long will it take?

The procedure usually takes **20 to 40 minutes**. The time will vary for each person.

After your procedure, we may ask you to stay in the department for a short time. This is to make sure you feel well before you go home. You may need to stay for up to 45 minutes.

Please allow up to 2 for your visit to the department.

## Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

The radiologist doing your procedure will check that you know why the procedure is being done, the potential risks and the chances of success

You will sign a consent form to confirm this. This may be on an iPad or a paper form. **You should feel that you know enough before you sign the consent form.**

If after talking to the doctor you do not want to have the procedure, then you can decide to say no. We will talk to you about your options.

Sometimes your symptoms or health may have changed since the procedure was requested. If this happens, the radiologist will talk to you about if the procedure is still suitable for you. They may also ask the doctor who referred you to review your symptoms before making a decision.

If you want to stop the procedure at any time, please tell us. We will talk to you about your options and support you in making the decision that is right for you.

## What happens during the procedure?

### Before the procedure:

- When you get to the radiology department, you will be shown to the waiting area
- We may ask you to change into a hospital gown and maybe paper pants.
- We will take you into the X-ray room. We will talk to you about your procedure. You may ask any questions.
- You will lie face down on the X-ray table. You will need to stay in position and lie still for the rest of the procedure.

### During the procedure:

- If you are having a root block injection in your neck, the nurse will do routine monitoring such as checking your blood pressure and heart rate.
- We will keep everything clean and sterile. We clean your skin with antiseptic. This may feel cold. We will cover some of your body with sterile sheets.
- We will inject local anaesthetic into the skin and deeper tissues over the injection site. This may sting to start with. This soon wears off and the skin should then feel numb. Please tell us if you feel uncomfortable at any time.
- We will use X-rays to see your spine. This helps us guide the tip of the needle close to the nerve root where the injection will go.
- We may inject a small amount of a colourless liquid (contrast) that shows up on X-rays. This helps us check the needle is in the right place.
- We will inject a small amount of steroid (to reduce inflammation) and local anaesthetic into the area around the nerve root.
- Please tell us if you have any problems with this or feel any discomfort, please tell us.
- At the end of the procedure, we will put a wound dressing over the injection site.

### What happens after the procedure?

- We may ask you to wait in the department for a short time after your procedure.
- **For a few hours** after the procedure, your back, neck, leg or arm may feel stiff, numb or weak.
- Keep the dressing clean, dry and in place for **24 hours (1 day)**.
- **Do not drive or cycle for at least 24 hours (1 day) after your procedure.** A responsible adult must take you home in a car or taxi. After 24 hours, only drive when you can safely handle the car.
- **For 3 to 4 days**, you may do light activity such as sitting, standing and some walking. Avoid heavy lifting, heavy manual work or strenuous exercise for 3 to 4 days.

### Monitoring your pain over the next few weeks:

The local anaesthetic will wear off after a few days.

It may take 3 to 4 weeks to see the benefit of the injection.

It is important that you monitor any changes in your pain over the next few weeks. We recommend you keep a pain diary. You will be asked to keep note of whether the injection has provided you with any pain relief and if so, how long for. This information will be useful next time you see your consultant.

You will have a follow-up appointment about 3 months after the procedure. If the procedure does not help, your referring doctor may discuss other options at your follow-up appointment.

## What are the risks?

All medical procedures carry some risks. Below are the most common risks and complications. The chance of these happening is different for each person. We will talk to you about your risks before you sign the consent form.

The risk of complications from a nerve root block is less than 1 in 100 patients.

- **Infection.** There is a small risk of an infection. This affects less than 1 in 100 people. Contact your GP or call the NHS helpline on 111 if, in the days after the procedure, you
  - notice the injection site becomes red, hot or painful
  - get a high temperature (fever).
- **Bleeding or bruising.** You may get a small amount of bleeding or bruising at the injection site. This affects less than 1 in 100 people. Bleeding and bruising can cause pain for a few days.
- **Increased pain** (aggravation of symptoms). Your pain symptoms can get worse for a few hours or days before the injection starts to work. If your pain gets worse a few days after the injection, it could be a sign of infection, and you should call your GP or NHS 111 for help.
- **Numbness, weakness or stiffness** (aggravation of symptoms). Your arm, leg, neck or back may feel a bit stiff, numb or weak for a few hours. This usually improves on its own.
- **Tingling feeling in one or both legs** (paraesthesia). This gets better by itself.
- **Injury to a blood vessel.** The needle could go into a small blood vessel around the nerve root. The risk is small. This type of injury is usually minor. In most cases it does not cause any problems. But there is a very small risk of **blood clots** developing in the injured vessel. This may affect the blood supply to your brain or spinal cord. This could potentially lead to neurological problems. This could include **nerve damage** or, very rarely, not being able to move some of your body (paralysis) due to spinal cord injury. In very rare cases, this type of injury in patients having nerve root block of the neck has resulted in death.

### Possible side effects from steroid injection:

- **Feeling dizzy, headache, low or high blood pressure, feeling sick, being sick, diarrhoea or redness in the face** (flushing) for a short time. Most patients do not get these side effects. Usually, these side effects happen straight away, but can happen in the next few days.
- **Irregular periods.** If you have menstrual periods, you may notice that your menstrual cycle is slightly irregular for a few months.
- **Changes to your blood sugar levels.** If you have diabetes you should check your blood sugar more closely over the next few days.

### Possible side effects from contrast:

- Some patients may be allergic to the contrast. You could get symptoms such as a rash. If you start to get symptoms at home, you should contact your GP or call NHS 111.

### Possible side effects from local anaesthetic:

- Feeling dizzy, low blood pressure, allergic reaction, irregular heart rate. In most patients this is

temporary and settles on its own.

## What are the risks from exposure to radiation in this procedure?

The main risk from exposure to X-rays is a higher risk of getting a cancer in the future. This risk is thought to be very small.

We are all exposed to natural background radiation every day of our lives. This comes from the sun, the food we eat, and the ground. Each test that uses X-rays gives a dose on top of this natural background radiation.

The risks of radiation are slightly higher for an unborn child. We must ask all patients age 10 to 15 years registered female and all patients aged 16 to 55 years about their periods and/or possibility of being pregnant.

The benefits of having this procedure are likely to outweigh any possible risks. We try to keep your exposure to X-rays as low as possible.

## What if I need to talk to someone?

If you have any questions or concerns, or cannot make the appointment, please call:

Radiology department

Tel: **0116 258 8765**

Choose: **Option 7**

Lines open Monday to Friday 9am to 5pm, but not on bank holidays.

**If you have any problems after your procedure please see your GP or call the NHS helpline on 111.**

## Any questions?

If you have any questions you can write them down. This is to remind you to ask when you come for your treatment.

Health information and support is available at [www.nhs.uk](http://www.nhs.uk) or call 111 for non-emergency medical advice

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals.

To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [uhl-tr.equalitymailbox@nhs.net](mailto:uhl-tr.equalitymailbox@nhs.net)

**We are a research hospital and you may be asked to take part in research**