

Ganglion Impar Block and Pulsed Rhizotomy

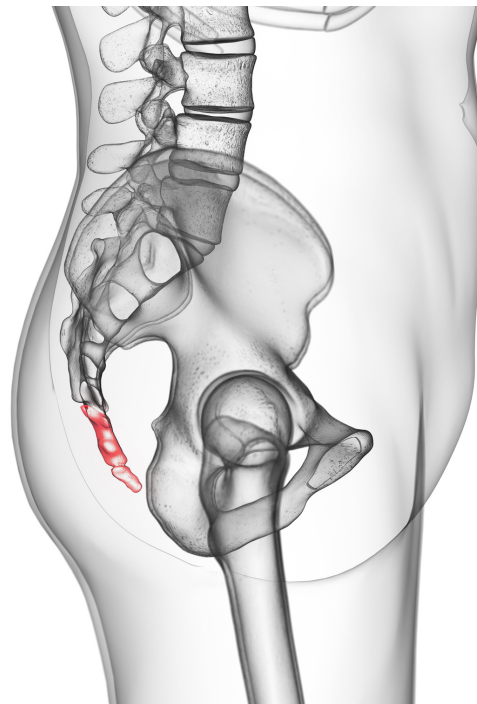
A guide for patients

Where is the ganglion impar?

The ganglion impar is also known as the Walther ganglion. It is a collection of nerve cells located next to the coccyx. It is situated in the retroperitoneal space behind the rectum and anterior to the sacrococcygeal junction

When is a ganglion impar block indicated?

Ganglion impar blocks are commonly performed for a condition known as Coccygodynia. It is a painful condition affecting the tailbone. The pain is mostly triggered in a sitting position, but may also occur when changing from a sitting to standing position. Often patients will sit with one buttock elevated to take weight off the coccyx. Patients may also report pain with defecation and increased need to defecate. Some patients may also report low back pain.



Before the Procedure

You will need to fast before the procedure. This means:

- No food 6 hours before
- No liquids (except water) 6 hours before. This includes coffee, tea, orange juice etc.
- You can drink water up to 2 hours before the procedure.

Take your usual medications with a small sip of water. Please contact us if you are taking any blood thinning medications, diabetes medication, pregnant, or unwell.

The Procedure

The procedure itself takes 10-20 minutes. It is a day case, meaning no overnight stay is required.

An Anaesthetist will provide sedation and monitor you during the procedure.

The procedure is performed in the operating room with fluoroscopy (X-ray) to ensure accurate needle placement which is placed past the sacrococcygeal junction to the location of the Ganglion Impar.

Specialized equipment including the radiofrequency needle, probe and radiofrequency machine is used to heat the needle to a temperature of 42 degrees. The nerve is pulsed with radiofrequency waves and local anaesthetic with steroid is injected following the nerve ablation.

The local anaesthetic provides immediate pain relief, whereas the pulsed radiofrequency and steroid may take several weeks to provide sustained pain relief. Pain relief usually lasts between 6-12 months. The procedure can be repeated if your pain returns.

After the Procedure

- You will be taken to recovery and monitored until you are ready for discharge.
- You will not be able to drive, so ensure someone can drive you home safely.
- Some patients may experience an initial increase in pain, which is common after a rhizotomy. We may prescribe some additional painkillers to cover you for this.
- Avoid over-exerting yourself immediately after the procedure.
- You may gradually return to your day-to-day activities.

If you develop any symptoms (fever, swelling, worsening weakness or numbness, bleeding, loss of bowel or bladder control) after the procedure or have any other concerns, please contact us, your GP, or your local Emergency Dept.



You will be reviewed by our pain nurse via telephone a few days after the procedure.

What are the risks?

No procedure is risk-free but the risks for this procedure are considered to be relatively low.

Possible risks include infection, bruising, haematoma, nerve injury, bowel puncture and allergic reactions. Infection is minimized with appropriate sterile and aseptic precautions.

Bleeding risk is minimized by stopping blood-thinning medications a few days prior. If this applies to you, our pain nurse will remind you to stop your blood-thinning medications a few days prior to your procedure.

Risk of nerve injury is minimized as we use fluoroscopy to guide accurate needle placement.

Severe allergic reactions to the injectates (ie local anaesthetic, steroids) are very uncommon.

Steroids may produce side effects including stomach irritation, insomnia, mood swings, flushing, palpitations. Post-procedural flare is common after a rhizotomy and can be treated with painkillers.

Neurological complications including weakness, paraesthesia, numbness have been described but are extremely rare.

Patients need to be aware that the outcome of the procedure is variable between individuals and they may not receive the desired benefits. The therapeutic benefits of the procedure are transient, and repeat injections may be required.

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