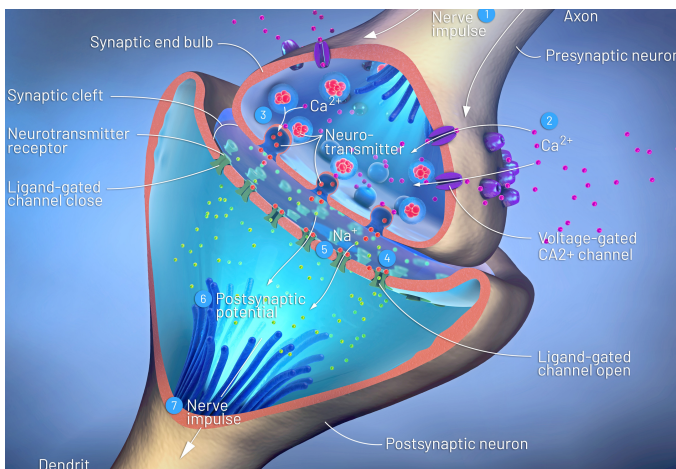


Stellate Ganglion Block

A guide for patients

What is the stellate ganglion?

The stellate ganglion is a part of the sympathetic nervous system located in the neck, on either side of your voice box. It is formed by the fusion of the inferior cervical ganglion with the first and sometimes the second thoracic ganglion.



When is a stellate ganglion block indicated?

A stellate ganglion block blocks the sympathetic nerves that supply the arms and face. It can be performed for different conditions including:

- Complex regional pain syndrome I and II
- Postherpetic neuralgia of the head, neck, arm or upper chest
- Phantom limb pain
- Menopausal flushing
- Vascular disorders of the upper limb
- Post-traumatic stress disorder

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 is performed as 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. The needle is carefully placed into the nerve root where the dorsal root ganglion lies.

The needle is guided to either the left or right stellate ganglion under direct ultrasound vision and local anaesthetic is then deposited.

We may also decide to use pulsed radiofrequency waves for a longer lasting effect.

Pain relief usually lasts between 6-12 months. The procedure can be repeated if your pain returns.

After the Procedure

Immediately after the procedure you may feel your arm or face feeling warm.

You may also notice a reduction in your pain soon after.

Temporary drooping of the eyelids is common.

Other possible side effects include constriction of the pupils, reduced sweating of the face, redness of the eye, hoarse voice, nasal congestion, difficulty swallowing, warmth or tingling in your arms.

- 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.
- 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 Department.

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 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.

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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