

## Directorate of Neurosciences

# Root Block

This leaflet provides information about root blocks, and aims to answer any questions you may have. If you have any further questions, please ask a member of staff. Contact telephone numbers are provided at the end of this information leaflet

### **Why do I need this injection?**

You have sciatica in the leg or brachialgia in the arm caused by a trapped nerve in the back or neck. The cause of the trapped nerve can be due to a narrowed exit hole (foraminal stenosis), slipped disc, or by a slipped back bone (spondylolisthesis). Injecting around the nerve root just as it leaves the spine can help relieve the pain in the affected limb

### **What is the aim of the treatment?**

The aim of a root block is to give local anaesthetic with or without a long acting steroid close to the nerve root as it leaves the spine. This produces an anti-inflammatory effect and can relieve the arm or leg pain

Root blocks can be used in two ways: -

1. As a diagnostic tool to confirm whether the trapped nerve root is the cause of the limb pain
2. As a treatment for the pain, repeated as necessary

### **How long will the pain relief last for?**

Pain relief varies for each individual. Your pain may:

- be relieved completely and not return
- be reduced for several weeks and then return, but is not as bad
- be reduced for several weeks but return as bad as it was

### **About your appointment**

- The procedure is done as a day case
- You must have someone who is able to accompany you home from hospital following the procedure. If you come by hospital transport then you don't need a further person to accompany you home
- You could be in the hospital up to 2 hours
- You should not drive for 24 hours following the injection. You should not use public transport therefore please arrange an alternative mode of transport
- You can eat and drink as normal before the procedure
- You should take your usual medications, however please also read the anticoagulant guideline information which accompanies this letter
- If you are diabetic, you do not need to let us know in advance

## **Do I need to contact the hospital about my appointment?**

Once you have received your appointment letter, please telephone us on 0191 282 5413 if you need to change your appointment or if you have any further questions or concerns.

## **What happens when I arrive at the hospital?**

- Please report to the Neuroradiology reception, which is situated on level 5 of the New Victoria Wing, Royal Victoria Infirmary.
- Please wear loose clothing or if you prefer we will provide a hospital gown.
- The radiologist will explain the procedure to you, answer your questions and ask you to sign a consent form. A pen mark will be made on the area to be injected

## **How is the injection performed?**

- You will be asked to lie face down on the x-ray couch, whilst the area to be injected is cleaned with antiseptic solution.
- The skin is numbed with some local anaesthetic - this stings a little at first.
- Using x-ray guidance, a fine needle is inserted into the exit hole of the nerve root suspected to be the cause of the pain. A small amount of local anaesthetic, with or without a long acting steroid (depot steroid triamcinolone), is then injected around the nerve root.

## **What happens after the injection?**

- Following the injection, you will be asked to sit on the side of the x-ray couch and then to stand. You will then return to Neuroradiology ward area and shortly after you should be able to go home.
- You may notice that your leg or arm feels slightly warm and numb for a few hours afterwards.
- You will be given a pain chart to complete at home. The nurse or radiographer will explain it to you. We will ask you to send a completed copy to the referring consultant in a pre paid envelope.  
Pain relief may occur in the following ways: -
- Immediate relief.
- Pain relief starting within 12 – 24 hours.
- No change for several days and then a slow improvement over several weeks.

## **What are the side effects of the treatment?**

There may be a temporary numbness in the arm or leg. This usually wears off in a few hours.

## **What are the risks and complications of the treatment?**

- Soreness or bruising where the injection was given. This usually settles in a few days.
- Infection - Infection risks are minimised by performing the procedure under sterile conditions.
- No pain relief - the commonest complication would be that the treatment did not help the nerve root pain in the arm or leg.
- Like all x-ray machines the one used during root block produces x-rays. Modern equipment is designed to keep the dose to patients as low as possible. Your referring

consultant will have decided that the benefit of having the root block is greater than the risk of the small dose of radiation. However, if you think you may be pregnant it is very important that you tell the radiographer **before** the procedure.

### **How do I get my results?**

The consultant who referred you for the procedure will arrange for you to have an outpatient appointment to review the results

### **Who do I contact if I have any problems?**

Between the hours of 8.30am to 4.30pm Monday to Friday, please contact:

For queries about your appointment and procedure, or to confirm you are coming by ambulance contact the Neuroradiology Secretaries on 0191 282 5413

Outside these times, please contact your GP.

This leaflet is available in alternative formats on request by telephoning 0191 2825413 (Monday—Friday 8.45am—4.30pm)

### **Other contacts**

The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone 0800 032 02 02 or e-mail [northoftynepals@nhct.nhs.uk](mailto:northoftynepals@nhct.nhs.uk)

If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS Choices website at [www.nhs.uk](http://www.nhs.uk)

If you would like to find accessibility information for our hospitals, please visit [www.accessable.co.uk](http://www.accessable.co.uk)

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