

Stellate Ganglion Injection FAQ's

The following Frequently Asked Questions and the answers are for the Stellate Ganglion Injection. It is one of the common procedures performed in this pain clinic. **The following material is given as general information only, and is not to be considered as medical advice or consultation.**

What is a Stellate Ganglion Injection?

Stellate Ganglion Injection is an injection of local anesthetic in the "sympathetic nerve tissue" – the nerves which are a part of Sympathetic Nervous System. The nerves are located on the either side of the voice box, in the neck.

What is the purpose of it?

The injection blocks the Sympathetic Nerves. This may in turn reduce pain, swelling, color, and sweating changes in the upper extremity and may improve mobility. It is done as a part of the treatment of Reflex Sympathetic Dystrophy (RSD), Sympathetic Maintained Pain, Complex Regional Pain Syndrome, and Herpes Zoster (shingles) involving upper extremity or head and face.

How long does the injection take?

The actual injection takes only a few minutes.

What is actually injected?

The injection consists of a local anesthetic (like lidocaine or bupivacaine). Epinephrine (adrenaline) may be added to prolong the effects of the injection.

Will the injection hurt?

The procedure involves inserting a needle through skin and deeper tissues (like a "tetanus shot"). So, there is some discomfort involved. However, we may numb the skin and deeper tissues with a local anesthetic using a very thin needle before inserting the actual block needle. Most of the patients also receive intravenous sedation and analgesia, which makes the procedure easy to tolerate.

Will I be "put out" for this procedure?

No. This procedure is done under local anesthesia. Most of the patients also receive intravenous sedation and analgesia, which makes the procedure easy to

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tolerate. The amount of sedation given generally depends upon the patient tolerance.

How is the injection performed?

It is done either with the patient laying flat or slightly sitting up. The chin is slightly raised. The patients are monitored with EKG, blood pressure cuff and blood oxygen-monitoring device. Temperature sensing probes are also placed on your thumbs or hands. The skin in the front of the neck, next to the "voice box" is cleaned with antiseptic solution and then the injection is carried out.

What should I expect after the injection?

Immediately after the injection, you may feel your upper extremity getting warm. In addition, you may notice that your pain may be gone or quite less. You may also notice "a lump in the throat" as well as hoarse voice, droopy and red eye, and some nasal congestion on the side of the injection. You may also develop a headache.

What should I do after the procedure?

You should have a ride home. We advise the patients to take it easy for a day or so after the procedure. Perform the activities as tolerated by you. Some of the patients may go for immediate physical therapy.

Can I go to work to work the next day?

Unless there are complications, you should be able to return to your work the next day. The most common thing you may feel is soreness in the neck at the injection site.

How long the effect of the medication lasts?

The local anesthetic wears off in a few hours. However, the blockade of sympathetic nerves may last for many more hours. Usually, the duration of relief gets longer after each injection.

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How many injections do I need to have?

If you respond to the first injection, you will be recommended for repeat injections. Usually, a series of such injections is needed to treat the problem. Some may need only 2 to 4 and some may need more than 10. The response to such injections varies from patient to patient.

Will the Stellate Ganglion Injection help me?

It is very difficult to predict if the injection(s) will indeed help you or not. The patients who present early during their illness tend to respond better than those who have this treatment after about six months of symptoms do. Patients in the advanced stages of disease may not respond adequately.

What are the risks and side effects?

This procedure is safe. However, with any procedure there are risks, side effects, and possibility of complications. The most common side effect is pain – which is temporary. The other risk involves bleeding, infection, spinal block, epidural block, and injection into blood vessels and surrounding organs. Fortunately, the serious side effects and complications are uncommon.

Who should not have this injection?

If you are allergic to any of the medications to be injected, if you are on a blood thinning medication (e.g. Coumadin), or if you have an active infection going on near the injection site, you should not have the injection.