

Department of anaesthesia and pain medicine

Coeliac plexus blockade

Your doctor has suggested that you may benefit from this procedure. It is a specialised type of nerve block that is usually used to treat cancer pain arising from the organs of the upper abdomen. Pain is transmitted by nerves so it is often possible to reduce pain by blocking signals from affected nerves. This leaflet is designed to help you make an informed choice about whether or not you would like to have it carried out.

The procedure

The whole procedure takes approximately 45 minutes.

You will be admitted on the day of the procedure to the surgical day-case admissions unit (SDCU) (department 4). From there, we will take you to the intervention suite. An intravenous drip will be sited in your hand or arm so that we can give you intravenous fluids and sedation. We will ask you to lie on your front on an operating table with a pillow under your abdomen. The skin on your back will be cleaned with antiseptic solution and X-rays will be taken. Local anaesthetic will be given to the area. The doctor will carefully pass a needle under X-ray guidance to the collection of nerves in your upper abdomen that transmit pain sensation from the abdominal organs. More X-rays will be taken to confirm that the needle is in the right place before local anaesthetic and 100% alcohol is injected. This is designed to permanently disrupt those nerves.

The anaesthetist will give you sedation during this time. Once the procedure is over, the sedation is stopped. We will monitor you until you are fully awake when you can return to the ward. As long as you are well, mobile and have passed urine, you may be discharged in 3 to 4 hours. If the procedure is successful, your painkillers will be reduced straight away, and may be reduced further when you are seen in clinic the following week

What are the advantages of a coeliac plexus blockade?

- Works well in between 7 and 9 out of 10 cases.
- The procedure can be repeated if it wears off, but may be less effective on subsequent occasions.

What are the disadvantages and potential complications of a coeliac plexus blockade?

Common (more than 1 in 10)

- It does not work in between 1 and 3 out of 10 cases.
- It can cause diarrhoea which is usually self-limiting but can be long-lasting.
- It can cause a temporary drop in blood pressure.

Uncommon (less than 1 in 10)

- Local bruising.



Rare (less than 1 in 100)

- It can occasionally cause worsening of the pain, which is usually temporary but rarely may be permanent.
- There is a 1 in 700 chance of permanent paralysis.
- Occasionally severe bleeding into the abdomen due to trauma by the needle to major blood vessels can occur.
- Trauma to other abdominal organs including the kidneys can occur.
- Very occasionally, the procedure may cause damage to the lining of the lung or the lung itself, which will need a chest drain to be placed.
- Long-term sexual dysfunction is a small possibility.
- Other risks include minor bleeding from the needle entry site, infection, allergy to local anaesthetics and local anaesthetic toxicity.

Where can I get more information?

If you have further questions that have not been answered by this leaflet, or if you wish to discuss anything further, please contact Andrea Rolland, secretary to Dr Scott-Warren on **0161 446 8493**. She will arrange for you to speak to Dr Scott-Warren or one of the specialist pain nurses.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

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For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



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