

# CT-guided cervical nerve root injection

## Information for patients

This information leaflet is for patients who are going to have a CT-guided cervical nerve root injection. It has been prepared to give you a greater understanding of what the procedure involves. It may not answer all of your questions and if you do have any concerns, please do not hesitate to ask.

## What is a CT-guided nerve root injection?

A cervical nerve root injection (or cervical nerve root block) is an injection of local anaesthetic and steroid (anti-inflammatory) medication around a nerve in the neck as it leaves the spine. In our department, this is performed in the CT-scanner.

## Why have I been referred for this?

Your specialist thinks that the symptoms in your neck or arm are due to irritation of a nerve by a damaged disc or bony spur. The aim of the injection is to establish if this nerve is the source of your symptoms and to relieve those symptoms by reducing inflammation around the nerve.

## The procedure:

- The procedure is performed in the CT-scanner (X-ray department) by a specialist consultant radiologist.
- It is performed as an outpatient which means you will be asked to arrive shortly before the procedure and allowed home 15-30 minutes after it has finished. You should expect to be in the hospital for one and a half hours.
- You should not drive after the procedure and are advised to bring someone with you.

## In the department please report to Ultrasound/CT/MRI Reception:

- You will be met in Ultrasound/CT/MRI Reception by a CT radiographer and asked to change into a gown in a cubicle.
- The consultant will see you before you enter the scanning room to confirm you have read this leaflet and understand it. He/she will explain the procedure and answer any questions you have.
- You will be asked to sign a consent form.
- The procedure is performed without general anaesthesia and without sedation. Local anaesthetic may be used.

- You will then be taken into the CT scanning room and asked to lie on the scanner couch either on your back or side. It is important that you are comfortable as you will need to stay in that position for about 15 minutes.
- All staff will leave the scanning room whilst preliminary scans are performed. The couch will move you in and out of the scanner several times. This provides the images from which the radiologist will plan the procedure.
- The radiologist and a radiographer will spend the rest of the procedure in the scanning room with you.
- The skin will be marked and cleaned with antiseptic solution, which may feel cold.
- The radiologist will direct a fine needle towards the specific nerve in several steps. Between each step the couch will move you into the scanner to check the position of the needle.
- To ensure appropriate needle position, a small amount of x-ray contrast (dye) is injected. Then you will have the small injection of local anaesthetic and steroid.
- Your neck will be cleaned and a dry dressing placed over the puncture site.

### **After the procedure:**

- You will be asked to change back into your clothes and stay in the department for 15 minutes after the procedure has finished.
- You may feel weakness and/or numbness in your arms, chest wall or legs. This may develop an hour or so after the procedure and last for several hours. This is quite common.
- You should not drive for 24 hours after the injection as your insurance may not be valid if you are involved in an accident.
- The dressing can be removed the morning after the procedure and then you can wet the area. No dressing is needed after this.
- Gentle physical activity is advised for 24-48 hours after the procedure. If your job is physical, up to 5 days of gentle activity is advisable. If your job is desk-based, you can return to work within 48 hours.
- It may take up to 6 weeks to see the full benefit of the procedure.

### **Are there any risks?**

- The injection/s may not provide the expected/desired relief of symptoms. Unfortunately, this will not become apparent until after the procedure.
- You may develop a headache which should settle with simple painkillers within 24 hours. If not, seek medical attention.
- Other risks are rarer and include:
  - Infection.
  - Bleeding/haematoma.

- Temporary worsening of pain.
- Nerve injury (1 in 20 000).
- There is a very small risk of stroke and spinal cord damage.

## Any queries?

If you have any questions regarding the reasons for this procedure, please contact the Spinal Diagnostics Service on **01923 844 857/ 01923 844 987**.

If you have any queries after the procedure, please contact the X-ray Department on 01895 279 864 or the Spinal Diagnostics Service.

## Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format.  
Please contact: 01895 279973

**Fadlan waydii haddii aad warbixintan ku rabto luqad ama hab kale. Fadlan la xidhiidh 01895 279 973**

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Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem informacji pacjenta (patient information) pod numerem telefonu: 01895 279973.

如果你需要這些資料的其他語言版本、大字体、或音頻格式，請致電01895 279 973 查詢。

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