

ASCENSION ST VINCENTS

NEUROLYSIS PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- Image-guided neurolysis is a procedure performed to help relieve chronic abdominal or pelvic pain, most commonly related to pancreatic cancer or other cancers. The procedure works by interrupting pain signals from nerves near a plexus (a group of nerves located deep in abdomen or pelvis).
- During the procedure, a radiologist uses CT imaging to precisely guide needle placement. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. One or more thin needles are placed near the plexus. Long-acting anesthetic is injected to temporarily numb the nerves, followed by an alcohol-based solution that disrupts the nerves to provide longer-lasting pain relief.
- The goal of the procedure is to reduce abdominal pain and decrease the need for pain medications.
- The procedure usually takes 30–60 minutes (sometimes longer). You will then be observed for a period of time to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Benefits:

- Helps reduce chronic abdominal or pelvic pain.
- May decrease the need for narcotic pain medications.
- Imaging allows the radiologist to precisely target the pain-related nerves.
- Minimally invasive procedure performed using small needles.
- Can improve comfort and quality of life.
- Often provides longer-lasting pain relief compared with medication alone.
- Most patients tolerate the procedure well.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- Temporary low blood pressure or lightheadedness can occur.
- Nausea, vomiting, diarrhea, or abdominal cramping can occur and is usually temporary.

- Temporary numbness or weakness in the legs can occur but is uncommon.
- Incomplete or temporary pain relief can occur, and repeat treatment may be needed.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Medical pain management with oral or IV medications.
- Referral to pain management specialists for other nerve blocks or pain-control techniques.
- Radiation therapy in select cancer-related cases.
- Surgical pain control procedures in rare situations.
- Some patients choose no further treatment; however, this may result in ongoing pain and decreased quality of life and is generally not recommended.

Aftercare:

- One or more bandages will be applied over the procedure site. You may remove the bandage 24 hours after your procedure.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.
- If you were provided with an ice pack, apply it to the procedure site periodically for 15-30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; or a faster-than-normal heart rate. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.