

All About Pain Blocks

Pain Blocks: What Are They?

Pain Blocks are injections of medication(s) around nerves, into joints, or muscles to provide pain relief or help diagnose the source of pain.

Types of Pain Blocks

◆ Trigger Point Blocks

If you can identify a small area of the body that is tender and feels like a 'knot'—this area may be known as a trigger point. In other words, this area may be the spot that triggers your pain. These trigger areas may be seen in people with fibromyalgia, tension headaches, myofascial pain, or as a consequence of another injury such as in injuries to the back or other areas of the body.

This trigger area can be made less painful with an injection. Injection success is often enhanced by performing daily stretching of the injection area.

How are they done?

Many different substances have proven beneficial for trigger point injections. Typically bupivacaine or ropivacaine, long acting forms of local anesthetics, are combined with a form of cortisone such as triamcinolone or methylprednisolone. Some studies even show that 'dry needling' -that is acupuncture like placement of a needle without injecting anything- can be beneficial. The needles used are much smaller than used to draw blood. While no injection is pleasant, most patients look forward to these injections as they can provide immediate pain relief.

◆ Epidural Blocks

What do they treat?

Epidural blocks in neck pain or lower back pain management are similar to the epidurals used by anesthesiologists to control labor pain when having a baby. In chronic pain management, epidurals are used to relieve severe back or neck pain. The epidural can eliminate or postpone the need for surgery. Generally accepted medical reasons to have an epidural block include back pain with pain going down the

leg, or neck pain with pain going down the arm, pain in the neck or back unresolved with surgery, or pain refractory to other therapies.

How are they done?

The person is placed on blood pressure, pulse and oxygen monitors. He curls his back, bringing the knees up toward the chest while sitting, or laying on his side. Some will lay on their stomachs for certain approaches. Preliminary X-rays may be taken. Numbing medicine is given for the skin, and a special needle is used to find the space just outside the sack of fluid that surrounds the spinal cord. This is done primarily by feel, and is the reason Doctors refer patients to practiced anesthesiologists for the epidural, as it is a common anesthetic technique in the operation room. A sample dose of dye is injected to test for proper placement, followed by an Xray or ultrasound if needed to confirm the location. Last, an injection of a cortisone type medication is given into the epidural space.

How do they work?

There are several theories behind epidural steroid injections. First, it is important to know that the steroid injected is not the same steroid that bodybuilders take, but a powerful anti-swelling drug. This drug may simply reduce swelling of irritated nerves and adjacent tissues, and thus reduce pain. The steroid may stay active in the injection area for 1-3 weeks. There is another theory that simply believes the injection itself washes out irritating molecules from the ruptured inside of the disc. While in most instances one epidural is all that is indicated, at times, a series of three epidurals may provide best results.

What is the success rate?

There have been many studies performed, however they have been done on patients with back pain of differing duration, and dose of injection. A high estimate is that relief for 6 months is probably in the 60% range with a series of injections. The longer the pain before the injection, the lower the success rate. Typically, pain relief starts at 2-3 days after the injection. The bottom line is that success with injection is variable, and unpredictable.

◆ Nerve Blocks

What can they do?

Peripheral nerve blocks can help pinpoint the source of pain. They can also treat pain at the same time. Nerve blocks can treat pain as diverse as headaches, nerve damage such as a from cancer or **neuroma** growth after surgery, pain from **shingles**, known as *post herpetic neuralgia*, or reflex sympathetic dystrophy- a condition of intense skin pain with even the slightest touch.

Many different techniques and medications are used, depending on the purpose and location of the block.

◆ **Blocks: What are the risks?**

Risk fall into two major categories:

1. Damage the needle can cause, like bleeding, infection and injury to structures the needle contacts causing more pain. Infections, bleeding or needle injury can cause permanent loss of use of parts of the body, and even death.
2. Immediate reaction to the medications given, including allergic reactions or drug side effects. While rare, these reactions can be severe, and life threatening.

For most blocks at *Newport Pain Management*, you will be asked to bring a driver with you, as numbing medicine in a block can temporarily weaken a muscle or reflex and leave you unprotected in an emergency.

I heard cortisone was harmful, is this true?

Anti-inflammatory steroids such as are used in some pain blocks, are not the same as those used by body builders. They are synthetic versions of natural steroids made by the body. They can however cause temporary blood sugar elevations in diabetics, water retention for a few days, and if given in multiple doses, suppression of the body's normal production of these natural steroids.

How can the risks be minimized?

1. Make sure your Doctor is board certified. Anesthesiologists are physicians specifically trained in the science of pain relief.

2. Make sure your Doctor has the necessary backup equipment like defibrillators, emergency drug carts, suction, and oxygen to treat problems if they arise.

For more information, speak to your pain doctor .If you have lower back pain call **Newport Pain Management** at 949 759-8400 for an appointment, and go to <http://www.newportpain.com>