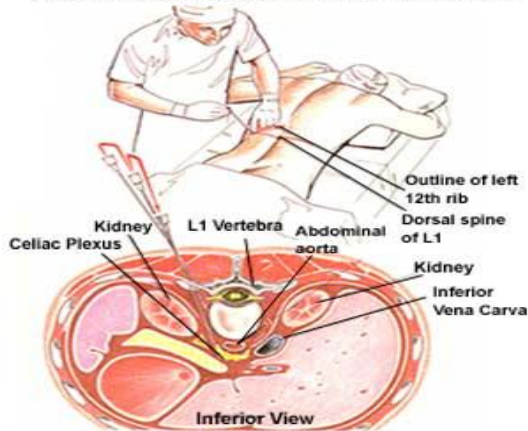




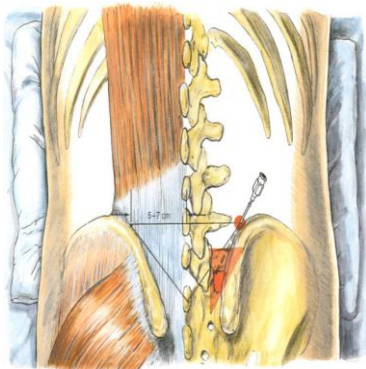
ELPIS PAIN MANAGEMENT CENTER
4122 KEATON CROSSING BLVD.
STE 102
O'FALLON, MISSOURI 63368
PH: 636-329-9077
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CELIAC PLEXUS, SPLANCHNIC NERVE, HYPOGASTRIC PLEXUS, GANGLION IMPAR BLOCK

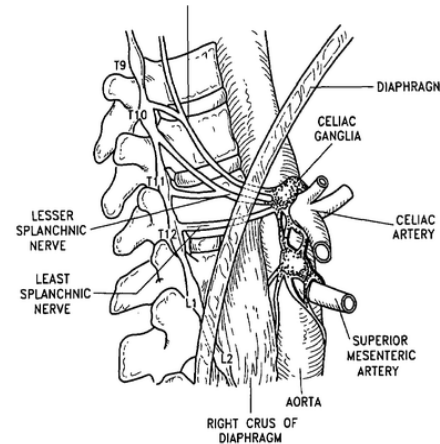
Celiac Plexus Block for Cancer of Pancreas



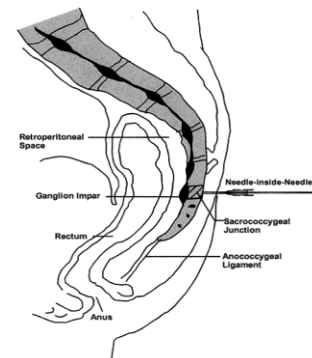
CELIAC PLEXUS BLOCK



Hypogastric Block



SPLANCHNIC NERVE BLOCK



Ganglion Impar Block

To ensure proper placement of the medication, all of the above procedures will be performed under CT or Fluoroscopic (X - Ray) guidance.

What is a Celiac Plexus?

The Celiac Plexus is a dense cluster of nerve cells and supporting tissue, located behind the stomach in the region of the celiac artery just below the diaphragm. The autonomic innervation to the majority of abdominal organs flows through the celiac plexus. This includes the pancreas, liver, gallbladder, stomach, small intestine, and the ascending and transverse portion of the colon.

What is a Hypogastric plexus?

The hypogastric plexus is a collection of nerves that is located in front of the fifth Lumber and first sacral vertebral bodies. This means that the plexus is located near the lower part of your abdomen in the upper front of your pelvis.

What is Ganglion Impar?

The Ganglion Impar is a cluster of nerve cells and supporting tissue, which is part of the sympathetic nervous system located in front of the sacrum/coccyx joint. Ganglion impar receives pain fibers from the perineum, distal rectum, anus, distal urethra, vulva, and distal third of the vagina

What is a Nerve / Plexus / Ganglion block?

It is an injection of an anti-inflammatory steroid medication and local anesthetic deposited around the Plexus to help manage your pain. The steroid shrinks swelling around the nerve roots and the local anesthetic numbs the inflamed areas and relaxes the muscles around the Plexus.

What is the purpose of the Nerve / Plexus / Ganglion block?

A **Celiac Plexus block** is performed to diagnose and reduce abdominal pain caused by conditions such as cancer or pancreatitis. This procedure blocks the nerves which come from the pancreas, liver, gall bladder, stomach and intestine. A celiac plexus block consists of injections of a local anesthetic, steroid or ethy-alcohol. The use of alcohol, called a neurolytic block, destroys the nerves. A trial block is done, using a local anesthetic, before a neurolytic block is performed. The **Hypogastric block** usually involves a series of several injections, repeated at weekly intervals. This treatment has brought relief to many patients who suffer from pain located in the pelvic structures, to include pain located in the region of the bladder, lower intestines, as well as the uterus, ovaries and vagina in women, and the prostate and testicles in men. The **Ganglion impar** receives pain fibers from the perineum, distal rectum, anus, distal urethra, vulva, and distal third of the vagina this block can potentially alleviate pain originating from the above mentioned regions.

How is the Nerve / Plexus / Ganglion block done?

Nerve / Plexus / Ganglion block is done under CT guidance or Fluoroscopic (X - Ray) guidance . Upon registering, we will begin your procedure. An IV may be started. You will be asked to lie face down on the table and your low back will be cleansed with anti-septic solution and numbed with an anesthetic. This is felt as a stinging / burning sensation. Under the **CT guidance or Fluoroscopic (X - Ray) guidance**, the doctor will insert the needle near the plexus and inject the anesthetic medicine. You may experience some increased discomfort. The procedure takes approximately 30 minutes. A band-aid will be applied at the needle insertion site, which may be removed the next morning. You will be discharged when the physician authorizes and you are stable. If having IV sedation, the tech or nurse will monitor your vital signs for the duration of the procedure. Your family member or driver will wait in the waiting room.

What are the risks of the procedure?

The most common side-effects include transient diarrhea and hypotension (low blood pressure). The most common side effect from this procedure is a sore back in the region where the blocks were performed. There is a very small chance of the needle puncturing a blood vessel. This potentially could lead to blood clot formation; however, this is extremely rare and your physician will take extra precautions to attempt to avoid this complication. There is also a very rare chance of injury to either the kidney or urethras. The urethras are the structure that connects your kidneys to your bladder. These risks are, again, extremely small and are even less likely when the procedure is performed under CT / X-ray guidance. Some risks, although remote include: bleeding, infection, organ injury, nerve injury and allergic reaction to the medication(s) etc. Diabetics may have short-term elevation of blood sugars. People prone to fluid retention may have increased fluid retention for 1-2 weeks.

BEFORE YOUR PROCEDURE

1. **Bring your insurance card(s) with you. Leave your valuables at home.**
2. Arrive at **ELPIS PAIN MANAGEMENT CENTER, 4122 KEATON CROSSING BLVD, SUITE 102, O'FALLON, MISSOURI 63368.**
3. You will need a driver to bring you and wait for the duration of your stay here at the Pain Center. You need a driver due to the anesthetic used in the procedure, not due to sedation.
4. **If you prefer to have Intravenous (IV) sedation for your procedure** you are allowed to have solid foods (this includes milk and soup) as long as you **finish eating 8 hours before your procedure**. This means you can have a full breakfast at 6 am if you have a procedure at 2:00 pm. You can also have clear liquids (including jell-o, soda, water, certain clear juices like apple, cranberry grape and other without pulp – no orange or tomato juice) as long as you finish these 2 hours before your procedure. This means that you can have black coffee, jell-o or a glass of water at 12:30 pm before your 2:30 pm procedure.
5. You should take all your morning medicine (except diabetic medicine, if you are having IV sedation) with a sip of water atleast 3 hours before the procedure. We ask that you bring an up-to-date, current list of your medicines every time you come for a procedure or office visit. This is due to the fact many of our patients have multiple doctors and often have their medicines change.
6. Please notify us if you are pregnant, allergic to contrast dye, or iodine.
7. It is necessary for you to stop taking blood thinners for this procedure. (**Ibuprofen, aspirin, coumadin, heparin, lovenox, plavix, aggrenox, etc.**) Before stopping, you should discuss this with your primary doctor to make sure it is alright to do so. **IT IS EXTREMELY IMPORTANT FOR YOU TO NOTIFY US IF YOU ARE OR HAVE BEEN TAKING BLOOD THINNERS!!**

AFTER YOUR PROCEDURE

1. Pain relief may not be immediate. If pain relief is immediate, it may return within several hours. Sometimes, the pain becomes worse for the next day or two following the procedure. You are expected to recall the duration and effectiveness of the pain relief during and immediately after the procedure.
2. We will keep you in recovery until you are stable. Usually 15 minutes for patient's not receiving IV sedation and 30 minutes for those who do. We will bring your driver or family member back to you in recovery.
3. Your vital signs will be monitored by the nursing staff and we will also make your next appointment for you before you leave.
4. **When you first begin to walk, it is important that you ask the nurse for assistance.**
5. You may not drive; operate heavy machinery or power tools for at least 8 hours after your injection.
6. You may resume your normal medications (except blood thinners-be sure to check with your nurse regarding when and if you may restart these medicines.) You may want to take it easy for the day of your injection; however normal everyday activity is encouraged for the days following.

WHAT TO EXPECT

How quickly can I expect pain relief?

Most patients can expect pain relief within the first 15 to 20 minutes after the injection of local anesthetic. This pain relief may only last several hours; however, if the physician has also used steroid medication, you may also receive some pain relief that will begin roughly 36 hours after the injection. Duration of pain relief is somewhat variable, as it differs from patient to patient.

How much relief will I get & how long will it last?

Relief varies from one person to the next. The steroid may take several days to work and peaks in about 2 weeks. Therefore, it may be several weeks before you feel a change in your pain. After the first day, you can perform activities as before and return to work.

You may notice your pain increase in the next day or two following the procedure. This is normal. If you experience severe neck or back pain, new numbness or weakness of your arms or legs, loss of control of your bladder or bowels, or have signs of infection (temperature greater than 99.9°, drainage, redness/heat at insertion site) – **CALL IMMEDIATELY**. If you experience pain at the injection site, you may apply ice to the affected area for 20 minutes every 2 hours. No heat is to be used on the injection area for the remainder of the day. No tub bath or soaking in water (pools/Jacuzzi, etc) for the remainder of the day. After the first day, you can perform activities as before & return to work. You may receive an appointment to have another injection or an office visit. If you have any questions at this time, don't hesitate to ask.

Please be aware that if you are a Diabetic the use of steroids will elevate your blood sugar, so close monitoring of your glucose by you and your PCP is recommended. If you are on Insulin, it is recommended to contact your PCP prior to the procedure for any adjustments in your Insulin dosing.

NOTE: YOUR PROCEDURE WILL BE CANCELLED IF:

You have an active infection, flu, cold, fever, or very high blood pressure.

You do not have a responsible driver to take you home, arrive late for your procedure

You are unable to follow the medication / fluid restrictions.

Call the office at (636) 329 - 9077 for procedure related questions.
