

## What is A *Diagnostic* Nerve Block -What To Expect

### NERVE BLOCKS MAKE THE DIAGNOSIS - THEY ARE NOT A TREATMENT

After hearing the history of the pain and performing a physical examination, the surgeon will often have a pretty good idea of which nerve(s) are responsible for causing the pain. To be sure of this diagnosis, and to localize the precise spot to operate on the nerve, a nerve block is performed.

In the office, the surgeon will “look” into the tissues with an ultrasound machine to identify the location of the nerve(s). They will then inject a small amount of local anesthetic (numbing medicine) next to the nerve. This **puts the nerve to sleep for a few hours** by blocking transmission of pain signals to the brain temporarily. If the pain goes away for a couple of hours afterward, then the **DIAGNOSIS IS ESTABLISHED!** This puts a name to the problem and points toward a potentially permanent solution!

**\*\* Doctors Brown and Hagan are EXPERTS in locating and blocking nerves using ultrasound.** This is a significant benefit, as you will not need to go elsewhere to have the test done, and the surgeon who will be relying on these results will be the one doing the test!

***“I HAD A NERVE BLOCK PERFORMED AT ANOTHER DOCTOR’S OFFICE, AND IT DIDN’T WORK.”***

Diagnostic nerve blocks are not usually the solution to the pain—they are not meant to be a treatment. **They are the “test” that helps to make the diagnosis of what is wrong.**

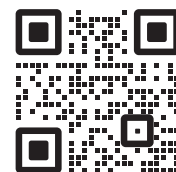
If you had a nerve block done in the past that helped your pain significantly for **EVEN ONE HOUR**, that is **GREAT NEWS** and means that surgery may hold real promise for long-term treatment!

#### ***“WHAT SHOULD I EXPECT ON THE DAY OF MY NERVE BLOCK?”***

Your surgeon will explain each step as you go. Your visit will last anywhere from 30 minutes to 2 hours, depending on the results – sometimes additional blocks are required to find the exact spots on the nerves that are involved, and your Neuropax Surgeons will do their best to get to the bottom of it.

The doctor will “look” into the tissues by placing an ultrasound probe on the skin. They use a small needle to numb the skin and to place a little bit of numbing medicine (like is used in dental procedures) next to the nerve. After about 10 minutes, you will assess how much of the pain is gone. Usually only one block is required. If some or all of the pain remains, another block may be performed in a different location.

The numbing lasts for approximately 4-6 hours, and you will be asked to take notes on how it felt later in the day. **\*\*** Some people describe a “rebound” in their pain later in the day, after the numbing effect wears off. Someone from our team will call you the next day to discuss your results.



## What is A *Therapeutic* Nerve Block

### **Sometimes the injections can be a therapeutic treatment as well.**

In some conditions, at the time of the diagnostic block, we will also use steroids or biologics (PRP, exosomes, fat grafts, etc.) to help the healing process. Conditions like Occipital Nerve Syndrome (ONS), Neurogenic Thoracic Outlet Syndrome (nTOS) and Piriformis Syndrome are common examples. Please see the list below for more examples. Once the nerve(s) has been numbed under ultrasound guidance, we then perform micro-dosing of the therapeutic agent along the nerve in the hydro-dissected plane/space.

Hydro-dissection is the technique where fluid is used to separate the scar tissue from the nerve. While this plane is separated by the fluid, we can introduce other medicines or biologics that help heal the nerve. For instance, the steroid will decrease inflammation and soften the scar tissue around the nerve. In some cases, this will be enough to help the body heal the nerve injury without surgery. If the therapeutic treatment is not complete, surgical treatment is still available.

### **Examples** (depends on the timing and severity of symptoms):

- Occipital Nerve Syndrome (ONS)/Occipital Neuralgia (ON)
- Temporal Intersection Syndrome (TIS)
- Neurogenic Thoracic Outlet Syndrome (nTOS)
- Pectoralis Minor Syndrome (PMS)
- Abdominal Wall and Groin Pain
- Lower Back Pain
- Piriformis Syndrome
- Common Peroneal Nerve Compression/Foot drop
- Tarsal Tunnel Syndrome
- Morton Neuroma/Common Digital Nerve Compression of the Foot

