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Stellate Ganglion Block

WHAT IS A STELLATE GANGLION BLOCK?

A stellate ganglion block is an injection in the front of the neck, toward the left or right side. The “stellate ganglion” is a small bundle of nerves that carries “sympathetic”, excitatory nerve signals from the upper extremities. In some instances, certain injuries to the upper extremities can cause a burning, unusual pain called complex regional pain syndrome or reflex sympathetic dystrophy. Injecting a small amount of local anesthetic on the stellate ganglion can identify whether or not this pain is carried by the sympathetic nervous system.

HOW LONG DOES IT TAKE TO DO?

The actual injection takes only a few minutes. Please allow about an hour for the procedure; this will include talking to your doctor before the procedure, signing the informed consent, positioning in the room, and observation by the recovery room nurse afterwards.

WHAT MEDICINES ARE INJECTED?

For diagnostic purposes, only local anesthetics are injected, usually Marcaine. Sometimes, if the diagnostic injection is successful in blocking your pain, other medications may be used for longer-lasting relief, usually a corticosteroid like Dexamethasone.

WILL IT HURT?

All of our procedures begin by injecting a small amount of local anesthetic through a very small needle. It feels like a little pinch and then a slight burning as the local anesthetic starts numbing the skin. After the skin is numb, the procedure needle feels like a bit of pressure at the injection site. If you experience any pain during the procedure, your doctor will inject more local anesthetic as needed.

WILL I “BE ASLEEP” FOR THIS PROCEDURE?

This choice is yours. You can choose to have the procedure done under local anesthetic only. You can also choose to have IV sedation, which can keep you very comfortable. It can range from some drowsiness or you may have little or no memory of the procedure depending upon your comfort level, regardless of the amount of sedation, you must not eat or drink anything for 6 hours prior to this and you must also have a driver when choosing sedation. It is OK to take your medications with a sip of water with either decision.

HOW IS IT DONE?

It is typically done with you lying on your back. Your blood pressure and oxygenation will be monitored. In addition to your doctor and the x-ray technician, there will be a nurse in the room at all times. The skin on the side of the neck is cleaned with antiseptic solution and then the procedure is done.

WHAT SHOULD I EXPECT AFTER THE INJECTION?

Shortly after the injection, you may feel your arm becoming warm. The pain may diminish considerably. Some patients develop temporary hoarseness or a slight droop around the eyelid on the side injected. The eye may also become slightly red. This is normal and should last only for a few hours.

WHAT SHOULD I DO AFTER THE PROCEDURE?

Your doctor or recovery room nurse will discuss this with you, depending on your response to the injection.

HOW LONG DOES IT LAST?

It is difficult to predict. Blockade of the sympathetic nerves can sometimes last permanently. For most patients, however, interruption of the sympathetic nerves provides temporary relief. Repeated injections can sometimes cause progressive lessening of symptoms. Your doctor will discuss this with you.

HOW MANY INJECTIONS DO I NEED TO HAVE?

It is difficult to predict. Blockade of the sympathetic nerves can sometimes last permanently. For most patients, however, interruption of the sympathetic nerves provides temporary relief. Repeated injections can sometimes cause progressive lessening of symptoms. Your doctor will discuss this with you.

WHAT ARE THE RISKS AND SIDE EFFECTS?

Overall, this procedure has very few risks. However, as with any procedure, there are some risks and side effects you should know about. Commonly encountered side effects are increased pain from the injection (usually temporary), rarely inadvertent puncture of the "sack" containing spinal fluid, inadvertent injection into blood vessels in the neck, infection, bleeding, nerve damage, or no relief from your usual pain.

WHO SHOULD NOT HAVE THIS INJECTION?

The following patients should not have this injection: if you are allergic to any of the medications to be injected, if you are on a blood-thinning medication (e.g. Coumadin, injectable Heparin), or if you have an active infection going on. With blood thinners like Coumadin, your doctor may advise you to stop this for 4-7 days beforehand or take "bridge therapy" with Lovenox prior to the procedures. Anti-platelet drugs like Plavix may have to be stopped for 5-10 days prior to the procedure.