



## **Diagnostic Imaging**

# **Lumbar Sympathectomy**

### **Information for patients undergoing a Lumbar Sympathectomy**

This leaflet tells you about the procedure known as 'lumbar sympathectomy'. It explains what is involved and what the possible risks are.

#### **What is a Lumbar Sympathectomy?**

A lumbar sympathectomy is performed to increase the blood supply to the skin in the leg. This can help healing and reduce pain.

The lumbar sympathetic chain is a group of nerves in your lower back. These nerves control the blood supply to the legs.

A needle is inserted into your back at waist level. Phenol, a drug that affects the nerves, is injected through this needle. Although this medicine is not licensed for this use, it is widely recognised by experts as the drug of choice to achieve best clinical results. The injection is usually done on one side at a time, but occasionally both can be done together.

#### **Who will be performing the procedure?**

A doctor called an Interventional Radiologist, who has been specially trained in using x-ray and scanning equipment to position the needle correctly over the nerves in your back.

#### **Where will the procedure take place?**

In the x-ray department in a 'special procedures room'.

#### **Is there any preparation?**

If you are taking any 'blood thinning' medication eg warfarin, apixaban, dabigatran, edoxaban or rivaroxaban, please stop taking it five days prior to the examination. Please discuss this with your referring doctor prior to stopping it.

Let your doctor know if you have any allergies. If you have previously reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning, you must tell us.

## Special instructions before the procedure

- You may have a light meal four hours before the procedure and then continue to drink clear fluids only until the procedure.
- Clear fluids = water, clear squash/apple juice, black tea or black coffee, clear herbal teas.
- You should continue to take your regular medication as usual; **EXCEPT** warfarin, apixaban, dabigatran, edoxaban or rivaroxaban .
- If you are a diabetic, continue with your usual diet and medication.
- Please bring all your usual medication, or a list of what you are taking with you.

## What happens during the lumbar sympathectomy?

A nurse will take your details and attach a monitor so that we can record your blood pressure and pulse. You will be asked to change into an x-ray gown. The Radiologist will explain the procedure to you before asking you to sign the consent form.

You will be asked to lie on the x-ray table on your side. Once you are lying in the correct position, the Radiologist will clean the skin with an antiseptic to avoid infection. The Radiologist will keep everything as sterile as possible; you may have part of your back covered with a sterile towel. The skin and deeper tissues will be anaesthetised with a local anaesthetic; this will sting briefly before the tissues go numb. The Radiologist will place the needle into your back. He will inject contrast (a solution which shows up under x-ray) to make sure that the needle is in the correct position as seen on x-ray. Once the position is confirmed, Phenol (a solution which affects the nerves) is injected and you may feel your leg begin to warm.

A small plaster will be placed over the injection site at the end.

## How long will it take?

Every patient is different, and it is not always easy to predict how difficult the procedure will be, but it will probably take between 20 and 30 minutes.

## Will it hurt?

You will feel stinging as the local anaesthetic is injected. After the procedure, it is common to experience some mild backache. You will be offered oral painkillers for this.

## What happens afterwards?

You will be taken to your ward on a bed or trolley. It is necessary for you to remain on bed rest until fully recovered. The nursing staff will monitor your pulse and blood pressure at regular intervals.

When you are fully recovered you will be discharged home.

## After care advice

You may feel weak or tired for a little while after the injection, so we advise that you rest for 24 hours. During this time you should:

- have a responsible adult to collect you from hospital, as you cannot drive for 24 hours.
- have someone staying with you for the first night.

The next day, you may:

- continue with your usual medication.
- have a bath or shower, removing any plasters.

Please contact your GP (general practice surgery doctor) if:

- there is unusual redness or swelling at the injection site.
- your temperature is 38° C (100.4 F) or greater.

## Follow up

Your referring Consultant, or a member of their team, will see you in clinic approximately six to eight weeks after your procedure.

## What are the risks and complications?

Your blood pressure may drop temporarily. This is likely to return to normal within 24 hours.

With a lumbar block there is a chance that you will develop 'postural hypotension'. This is a tendency to have dizzy or fainting episodes when you stand up quickly. This can last for about two weeks and you should be careful not to stand up and walk too soon after lying down.

As with any injection, there is a very slight chance of getting an infection where the needle is placed. Every effort is made to avoid this with the use of skin-cleansing solution, sterile gloves and equipment.

There is a small chance of damage to the nerves supplying sensation to the legs. This affects between two and five per cent of patients and can be temporary or permanent. This can cause pain, usually at the top of the thigh and usually gets better within four to six weeks.

There is a very small risk of damage to the bowel or one of the blood vessels in the abdomen. This is extremely rare, but can very occasionally require an operation to treat.

There is a possibility of sexual problems in men having a lumbar sympathectomy on both sides. If you are sexually active, you should discuss this with your doctor before the procedure.

## Consent

Informed consent will be obtained prior to the procedure. Staff will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

## Finally

We hope that you have found this leaflet useful. If you have any questions, or you are worried about anything, please contact your family doctor (GP) or:

- Radiology Sister – 01305 255276

Make sure you are satisfied that you have received enough information about the procedure before you sign the consent form.

You can also contact NHS Direct 24 hours a day on 0845 46 47 or [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



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## Information **Booklet:** Lumbar Sympathectomy

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Did you find this booklet useful?                      Yes                       No

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you wanted?    Yes                       No

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Please return this completed sheet to:

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