

Southern Pain & Neurological

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STEP 1: Diagnostic Ilioinguinal Nerve Blocks

What are ilioinguinal / iliohypogastric nerves? Why are nerve blocks helpful?

The ilioinguinal nerve wraps around the rim of the pelvis and goes to the inguinal (groin) and pubic areas. The iliohypogastric nerve wraps around the flank and travels towards the umbilicus (belly button). These nerves can be damaged by surgery or by subsequent scar tissue following hernia repairs and cesarean sections. These nerves transmit sensation along the abdomen, groin, upper inner thigh, and into the genitalia. Nerve blocks are used to help control pain, but also offer diagnostic benefits by helping to identify if specific nerves are generating pain. These blocks are also used to help predict how your pain may respond to long-term treatments. If you receive temporary relief from the blocks then radiofrequency of the same nerve may provide relief for a longer period of time.

What happens during the ilioinguinal nerve block?

The skin is cleansed using sterile scrub (soap). Next, the physician numbs a small area of skin where he will be working with local anesthetic (numbing medicine). This medicine stings for several seconds. A needle is then advanced towards the inguinal canal near the specific nerve being treated. An nerve finder (electrical stimulation) is used to produce a **change** in sensation along the distribution of your usual area of pain. Your identification of this change in sensation ensures proper placement of the needle in proximity to the target nerve which ensures the best outcome possible. The most critical factor in the efficacy of a nerve block is the proper placement of the needle near the target nerve. Once the nerve is identified, a small mixture of numbing medicine (anesthetic) and anti-inflammatory (cortisone/steroid) is then injected. Blocking this nerve branch temporarily stops the transmission of pain signals. If you receive temporary relief of a portion of your pain after these injections you will likely benefit from radiofrequency ablation of the same nerves.

What happens after the procedure?

Immediately after the procedure, you will go back to the recovery area where you will be monitored. You will be asked to report the immediate percentage of pain relief and record the relief experienced during that day on a post injection evaluation sheet ("pain diary"). You must call and set up a follow-up appointment for two

weeks after the procedure to discuss the results from this block and to determine if you will proceed to step 2 of the treatment

STEP 2: Radiofrequency Ablation of the ilioinguinal nerves

What is radiofrequency (RF) ablation of the ilioinguinal nerves? Why is it helpful?

Radiofrequency ablation is accomplished by sending a radiofrequency signal to the ilioinguinal nerve through a needle. This radiofrequency signal interrupts the pain signal going from the ilioinguinal nerve to the brain thus providing pain relief. The relief from the radiofrequency ablation should mimic that of the diagnostic blocks but last longer.

How is it done?

The skin is cleansed using sterile scrub (soap). Next, the physician numbs a small area of skin where he will be working with local anesthetic (numbing medicine). This medicine stings for several seconds. A needle is then advanced towards the inguinal canal near the specific nerve being treated. An nerve finder (electrical stimulation) is used to produce a **change** in sensation along the distribution of your usual area of pain. Your identification of this change in sensation ensures proper placement of the needle in proximity to the target nerve which ensures the best outcome possible. Once the nerve is identified, a controlled radiofrequency signal will be sent to the nerve. All measures will be taken to ensure your comfort and safety. After you return home, you may use ice packs to relieve any discomfort. You must call and set up a follow-up appointment for two weeks after the procedure.

General Pre/Post Instructions

You should not eat or drink anything after 12 o'clock the night before the procedure. If you are a diabetic, do not take your insulin or oral medication the morning of the procedure because you have had nothing to eat. If you are taking routine heart or blood pressure medicine, you should take it with a sip of water the morning of the procedure. You should not take medications that may give pain relief or lessen your usual pain. These medicines can be restarted after the procedure if they are needed. **If you are on Coumadin, Heparin, Plavix, or other blood thinners (including aspirin and all medications that contain aspirin), you must notify the office well in advance so the timing of these medications can be coordinated with your primary physician.** You will be at the hospital for a few hours for your procedure. **A driver must accompany you and be responsible for getting you home.** No driving is allowed the day of the procedure. You may return to your normal activities the day after the procedure, including returning to work.

If you are unable to keep this appointment, please give notice as soon as possible and at least 24 hours in advance during regular office hours. Thank you.