

Discharge Instructions After Celiac Plexus Block and Neurolysis

What is a celiac plexus block and neurolysis?

Pancreatic disease or cancer can cause intense pain which may not be completely relieved with pain medications. This pain comes from a bundle of nerves, called the **celiac plexus**, in your upper stomach area. One treatment for this is a procedure which numbs or destroys the nerve tissue which sends pain signals from the disease or cancer to your brain and spinal cord. This procedure is called a **celiac plexus block and neurolysis**.

During this procedure, we pass an **endoscope** (a flexible tube with a camera, light source, and ultrasound probe) through your mouth and into your stomach. The ultrasound helps us find the nerve that is responsible for your pain.

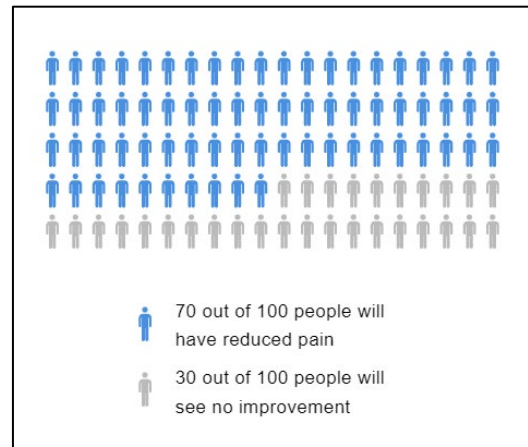
- During the celiac plexus block, we will inject the nerve with a combination of bupivacaine (pain medication) and Kenalog® (a steroid) to numb the nerve.
- During neurolysis, we will inject the nerve with a combination of bupivacaine (a pain medication) and ethanol (an alcohol) which destroys the nerves responsible for the pain.

Although the procedure itself usually takes less than 30 minutes, you should plan on being in the Medical Procedures Unit for about 4 hours on the day of your procedure.

What are the possible benefits of this procedure?

About 70% of patients who get this procedure will experience a lower level of pain. These patients will be able to reduce the amount of pain medications they

are taking daily. However, about 30% of patients who get this procedure will see no improvement in their pain. How long this improvement in pain lasts is different from person to person, and it may be as long as many months.



What are the possible risks and side effects?

Risks and side effects from the procedure:

- About 33-50% of patients will have diarrhea or low blood pressure (especially when standing up). There can also be an increase in pain for several days after the procedure. These side effects usually go away after a few days, but they may be long-lasting or, in rare cases, permanent.
- Other rare side effects (in less than 1% of patients) may include leg weakness or paralysis (not being able to move your legs), pneumothorax (collapsed lung), punctured kidney, inflammation of the pancreas, and abdominal abscess (a pocket of pus caused by an infection). To reduce your risk for these problems, we will give you IV fluids before and after the procedure.

Risks and side effects from sedation:

Because you received **sedation** or **anesthesia** (medications that make you sleepy or prevent you from feeling pain) during your procedure, you will not be allowed to drive for 24 hours after. You must bring a responsible driver with you on the day of the procedure. You may also experience these symptoms:

- **Pain:** You may have more than your usual amount of gas or stomach cramps after your procedure. This should go away within a few hours. To help with gas, we encourage you to stand and walk around if you can. Walking will help you move and get rid of the gas. If your pain or discomfort does not go away after a few hours, call the phone numbers

listed at the end of this handout to talk with a doctor. If you have a sore throat that lasts for more than 3 days, call us.

- **Nausea or vomiting:** After your procedure, you can go back to your regular diet unless your doctor tells you differently. However, we suggest you avoid eating any heavy, greasy foods until after you can eat a light meal (like soup) without issues. Eating and drinking too much too quickly can also make nausea and vomiting worse. If you still have nausea or vomiting after several hours, or if you're vomiting blood, call us.
- **Bleeding:** Depending on the procedure you had, you could have a small amount of bleeding. If you have bleeding from your IV site, put direct pressure on it for at least 5 minutes until the bleeding is controlled. If you have any of these symptoms, please call us:
 - Black, tar-like stools (poop)
 - Rectal bleeding (bleeding from your butt, more than 1 tablespoon)
 - Coughing up blood (more than 1 tablespoon)
 - Vomiting blood (more than 1 tablespoon)
- **Infection:** Call and tell us if you have any redness, red streaking, swelling, drainage (leaking fluid), or pain from your IV site. These could be signs of an infection.
 - Fever can also be a sign of infection. Call and tell us if you have a fever over 100.6 °F. You can take acetaminophen (Tylenol®) for the fever, which you can buy from a store or pharmacy.
- **Sleepiness:** For 12 hours after your procedure, do not do any activity that requires alertness or coordination. This includes driving, not using heavy machinery or power tools, not cooking, and not swimming. Do not make any important or complex decisions. Do not drink alcohol or use recreational drugs. We recommend that you stay around friends or family for the next 12 hours.
- **Problems with urination (peeing):** If you are not able to pee, or if you're having trouble emptying your bladder, call us.

What are other important care instructions for me after my procedure?

- If you have a cardiac implantable electronic device (CIED, like a pacemaker or defibrillator) that is not managed by Michigan Medicine providers, and if a magnet was used during your procedure, please make an appointment with your provider to have your device checked within the next 30 days. We will let you know if we used a magnet when you are in the recovery area.
- Start taking your regular medications again unless you're instructed otherwise.

What are signs of an emergency?

If you have any of these symptoms after your procedure, please call us or go to the closest emergency room (ER). Bring this handout and all your discharge paperwork with you.

- Chest pain
- Any trouble with breathing
- A general feeling of weakness
- Dizziness or lightheadedness

What is the contact information?

- During weekdays between 8:00 AM – 5:00 PM, call (734) 936-9250.
- After hours or on weekends and on holidays, call (734) 936-6267 and ask to talk with the gastroenterology (GI) fellow on call. The operator will page the fellow on call. You should expect a call back within 30 minutes. If you don't get a call back in 30 minutes, call and ask to have the fellow paged again.

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