

NERVE ROOT SLEEVE INJECTION (NRSI)

Introduction

A Nerve Root Sleeve injection (NRSI) is an injection of local anaesthetic and/or steroid into the sheath around the nerve. The injection is done to alleviate pain of the nerve caused by inflammation, post-surgical scarring, arthritis in an adjacent spinal joint, or other less common causes.

Please inform the **booking** staff if you are on Warfarin, Plavix, or any other blood thinning agents, or have any other medication allergies.

Procedure

The procedure takes about 20 minutes and will be performed in the CT room. The skin above the nerve root will be washed with antiseptic and a local anaesthetic may be injected. A fine needle is then inserted, guided into position using CT control and once satisfactorily positioned the solution will be injected. The needle is removed and compression will be applied to the needle insertion site.

Post-procedure

The local anaesthetic may cause numbness in your leg (*lumbar NRSI*) or arm (*cervical NRSI*) which can last for between 4-8 hours. This sensation usually presents immediately, and if it has not developed within ½ hour, will not at all. Staff will monitor you until normal sensation returns. Pain relief can take a few days to develop and may be temporary (*lasting weeks or months*), or permanent.

You must have someone pick you up after the injection as you will not be permitted to drive yourself home.

Risks and side effects

Complications are rare during this procedure however you should be informed of the possible risks and side effects.

Risks associated with this procedure include:

- Pain or discomfort at the needle insertion site, or bruising after the procedure.
- Temporary numbness or a tingling sensation can sometimes occur.
- Infection is rare but may involve redness or swelling and increased back pain, usually after 48 hours. Superficial infection is the most common form and responds rapidly to antibiotics; deep infection is extremely rare, but can be severe and associated with pressure on the spinal nerves that may require surgery. Increasing back or neck pain needs to be promptly reported to us and your referring doctor.
- You may experience numbness or weakness in the distribution of the nerve that has been injected, lasting for a few hours.
- Increasing back or neck pain needs to be promptly reported to us and your referring doctor.

Any medical procedure can potentially be associated with unpredictable risks.

Please ask questions about anything on this form that you do not understand.

FEMALE PATIENT ONLY: Is there any chance you may be pregnant?	YES	NO
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I have read the information provided regarding my procedure. I understand the information and have had the opportunity to ask questions about what is going to happen, the reasons for the procedure being performed, and the associated risks. I agree to have the procedure performed.

Patient Name		
Patient Signature <i>(or signature of legal guardian)</i>		Date
Signature of MIT / Radiologist		

OFFICE USE ONLY

ANTICOAGULANTS Yes No DIABETIC Yes No ALLERGIES Yes No DRIVER Yes No

PATIENT ID CHECKLIST

NAME confirmed DOB confirmed GENDER confirmed ADDRESS confirmed

PROCEDURE CHECKLIST

TYPE confirmed SIDE confirmed CONSENT confirmed TIME OUT

