



Celiac Plexus Block

PATIENT INFORMATION & PROCEDURE GUIDE

Understanding Your Diagnosis

Pain arising from the upper abdominal organs — pancreas, stomach, liver, gallbladder, spleen, and small intestine — does not travel through the ordinary spinal nerves. It travels through sympathetic fibers that converge on a dense network called the **celiac plexus**, which sits deep in the abdomen directly in front of the spine where the chest meets the abdomen. This is why upper abdominal visceral pain is felt as a deep, boring, poorly localized ache that frequently radiates straight through to the mid-back, and why it responds poorly to treatments aimed at the abdominal wall or the spine.

The Treatment: Celiac Plexus Block

A celiac plexus block places medication directly onto that nerve network, interrupting pain signals from the upper abdominal organs before they reach the spinal cord and brain. The first block is typically performed with local anesthetic: this provides relief and simultaneously **confirms** that your pain travels this pathway.

If the diagnostic block works and longer relief is the goal, the plexus can then be treated with a neurolytic agent (alcohol or phenol), which produces relief measured in months rather than hours.

Our Approach: Image-Guided Posterior Approach

The procedure is performed face down under live X-ray. Needles are advanced from the back on both sides of the spine to reach the region in front of the vertebral body at the T12–L1 level. **Contrast dye is injected first** and its spread studied on multiple views to confirm the medication will reach the plexus and is not inside a blood vessel — a critical safety step, since the aorta and its branches lie immediately adjacent.

Procedure Day Highlights:

- Performed under **live X-ray (fluoroscopy)**; CT guidance in selected cases.
- **IV fluids are given beforehand** to blunt the drop in blood pressure that follows the block.
- Local numbing medication with IV sedation for comfort.
- Contrast dye confirms needle position and excludes vascular placement before any medication is given.
- The procedure takes 30–45 minutes, followed by a monitored observation period.

Benefits

- Substantial reduction in deep upper abdominal and mid-back pain.
- Meaningful reduction in opioid requirement and opioid-related side effects.
- Improved appetite, activity tolerance, and sleep.
- With neurolysis, relief measured in months rather than hours.

Recovery

- Monitored 1–2 hours; blood pressure is checked before discharge.
- **You must have a driver.**
- Expect temporary loose stools and lightheadedness on standing.
- Local anesthetic relief is immediate; neurolytic relief develops over 1–3 days.

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Abilene Pain Locations

Main: 1925 Hospital Drive

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DISCHARGE INSTRUCTIONS

Procedure Summary: Celiac Plexus Block

You have undergone a celiac plexus block. Under live imaging and with contrast confirmation, medication was placed onto the sympathetic nerve network in front of the spine that carries pain signals from your upper abdominal organs. Interrupting this pathway also produces predictable, expected side effects described below — **these are signs the block reached its target, not complications.**

Activity Restrictions

- **Driving:** no driving for 24 hours.
- **Position changes:** rise slowly for 48–72 hours. Sit on the edge of the bed before standing.
- **Supervision:** do not be alone for the first 24 hours.
- **Activity:** light activity only for 24 hours, then as tolerated.

Needle Site Care

- **First 24 hours:** leave dressings intact.
- **Showering:** okay after 24 hours.
- **Submersion:** permitted after 48 hours.
- **Soreness:** back soreness at the needle sites for 2–5 days is expected.

Expected Effects — These Are Normal

- **Low blood pressure and lightheadedness:** expected. Blocking these nerves dilates the abdominal blood vessels. Drink fluids generously and change position slowly for 2–3 days.
- **Diarrhea:** expected, and often welcome in patients who have been constipated on opioids. Usually settles within a few days. Stay hydrated.
- **Back soreness** at the needle sites for 2–5 days.
- **Opioid dose:** if your pain drops sharply, your current opioid dose may now be too high and can cause sedation. **Do not adjust it yourself — call us.**

Red Flags

- New weakness, numbness, or heaviness in the legs.
- Loss of bowel or bladder control.
- Fainting, or lightheadedness that does not improve with fluids and lying flat.
- Blood in the urine.
- Chest pain or shortness of breath.
- Fever >101.5°F, chills, or drainage at a needle site.

Follow-Up Schedule

- **1–2 Weeks:** assessment of the degree and duration of relief.
- If a diagnostic block gave good but temporary relief, neurolysis is discussed at that visit.
- Bring an updated medication list — opioid doses are frequently reduced at this visit.
- Record percent relief and how many days it lasted.

Blood Pressure & Falls

The most common reason a patient returns to the emergency department after this procedure is **a fall caused by low blood pressure**. For 72 hours: drink more fluids than usual, get up in stages rather than all at once, and have someone nearby the first several times you stand. If you take blood pressure medication, ask us before your next dose — it is frequently held for a day or two after this block.

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