Ganglion Impar Block

PATIENT INFORMATION & PROCEDURE GUIDE

Understanding Your Diagnosis

The two sympathetic nerve chains running the length of the spine converge and end in a single small ganglion in front of the tailbone, at the joint between the sacrum and the coccyx. This is the **ganglion impar** — literally, the unpaired ganglion.

It carries sympathetic and pain fibers from the perineum, the tailbone, the anus and lower rectum, the lower urethra, and the external genitalia. Tailbone pain (coccydynia), perineal burning, rectal pain, and pain following pelvic surgery or radiation are frequently carried by this one small structure.

The Treatment: Ganglion Impar Block

A small volume of local anesthetic, usually combined with a steroid, is placed directly onto the ganglion. Relief confirms that this ganglion is carrying your pain — information as valuable as the relief itself, because it directs everything that follows.

For patients with good but temporary response, longer-lasting options include **radiofrequency ablation** of the ganglion or, in cancer-related perineal pain, chemical neurolysis.

Our Approach: Trans-Sacrococcygeal Technique

Performed face down under live X-ray, viewed from the side. A fine needle is passed through the small joint between the sacrum and the coccyx to reach the space immediately in front of it. Contrast dye is injected and produces a characteristic comma-shaped spread in front of the bone, confirming correct position.

This approach is preferred because it uses a short, direct trajectory with bone as a landmark, and keeps the needle safely away from the rectum, which lies just in front of the target.

Procedure Day Highlights:

- Performed under **live X-ray (fluoroscopy)**, viewed from the side.
- Contrast dye confirms position in front of the sacrococcygeal joint before medication is given.
- A very fine needle is used, and local numbing medication is placed first.
- The procedure takes 10–15 minutes.
- You will walk out and go home the same day.

Benefits

- Reduction in tailbone, perineal, and rectal pain.
- Diagnostic clarity — confirms the pain pathway and directs the next step.
- Opens the door to radiofrequency ablation for durable relief.
- Reduced need for oral pain medications.

Recovery

- Same-day discharge.
- Immediate numbing effect; steroid effect develops over 3–7 days.
- Expect tailbone soreness for 2–5 days.
- A coccygeal cushion helps considerably during the first week.

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Ganglion Impar Block

DISCHARGE INSTRUCTIONS

Procedure Summary: Ganglion Impar Block

You have undergone a ganglion impar block. Under live imaging with contrast confirmation, medication was placed onto the small terminal sympathetic ganglion in front of the sacrococcygeal joint, which carries pain signals from the tailbone, perineum, and lower rectum. The block is both therapeutic and diagnostic: **how much relief you get, and how long it lasts, determines the next step.**

Activity Restrictions

- **Driving:** no driving for 24 hours if you received sedation.
- **Sitting:** use a coccygeal wedge or donut cushion. Avoid hard surfaces and prolonged sitting for 3–5 days.
- **Bowel:** avoid straining. Use a stool softener if needed.
- **Activity:** as tolerated; avoid cycling and rowing for 1 week.

Needle Site Care

- **First 24 hours:** leave the dressing intact.
- **Showering:** okay after 24 hours.
- **Submersion:** no baths, pools, or hot tubs for 48 hours.
- **Hygiene:** keep the area clean and dry; wipe front to back.

Pain Management Expectations

- **The immediate window:** the numbing medication typically gives several hours of relief. Note how much it helped and for how long — this is the diagnostic result.
- **The flare:** tailbone soreness for 2–5 days is expected and can briefly feel worse than before the procedure.
- **Management:** ice 20 minutes on/off for the first 48 hours, and use a cushion whenever seated.
- **Steroid results:** peak effect develops over 3–7 days and may continue building for 2 weeks.
- **Duration varies widely** — from weeks to many months. Duration is what determines whether we repeat the block or move to radiofrequency ablation.

Red Flags

- Rectal bleeding or passing blood.
- Fever >101.5°F, chills, or drainage at the needle site.
- New numbness in the groin or inner thighs (saddle area).
- New difficulty controlling bowel or bladder.
- Severe, escalating pain rather than gradually improving soreness.

Follow-Up Schedule

- **2 Weeks:** assessment of degree and duration of relief.
- Next step depends on response: repeat block, radiofrequency ablation, or a change in direction.
- Record percent relief and days of relief.

Blood Glucose

- If steroid was included, expect a temporary rise in blood glucose that usually resolves within a few days. **Diabetic patients should monitor closely for 48–72 hours.**

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