Superior Hypogastric Plexus Block

PATIENT INFORMATION & PROCEDURE GUIDE

Understanding Your Diagnosis

Pain from the pelvic organs — uterus, ovaries, cervix, bladder, prostate, seminal vesicles, testicles, rectum, and lower colon — travels through sympathetic fibers that gather into a flat nerve network lying in front of the lowest lumbar vertebra, just below where the main abdominal artery divides. That network is the **superior hypogastric plexus**.

Because these signals converge before entering the spinal cord, pelvic visceral pain is characteristically deep, diffuse, difficult to point to, and frequently unresponsive to treatment aimed at the pelvic floor, the hip, or the lumbar spine.

The Treatment: Superior Hypogastric Plexus Block

Medication is placed directly onto this plexus, interrupting pain signals from the pelvic organs. A diagnostic block with local anesthetic is performed first: relief confirms your pain is traveling this sympathetic pathway rather than arising from muscle, joint, or somatic nerve. For cancer-related pelvic pain or confirmed durable benefit, neurolysis with alcohol or phenol provides relief lasting months.

Important: this block targets sympathetic fibers only. It does not affect the nerves controlling leg strength, bowel continence, bladder continence, or sexual function.

Our Approach: Fluoroscopically Guided Posterior Approach

Performed face down under live X-ray. Needles are advanced from the back, angled inward and downward, to reach the front of the L5 vertebral body at the L5–S1 level. Contrast dye is injected and studied on front and side views to confirm the medication will spread along the correct plane and is not inside the iliac vessels, which lie immediately adjacent.

Procedure Day Highlights:

- Performed under **live X-ray (fluoroscopy)** for precision.
- Contrast dye confirms placement and excludes vascular injection before medication is given.
- Local numbing medication with IV sedation for comfort.
- The procedure takes approximately 30 minutes.
- You will walk out and go home the same day.

Benefits

- Reduction in deep, diffuse pelvic and lower abdominal pain.
- Reduced opioid requirement.
- Diagnostic clarity — confirms visceral pelvic pain as the source.
- Does not affect leg strength, continence, or sexual function.

Recovery

- Same-day discharge; a driver is required.
- Back soreness at the needle sites for 2–5 days.
- Local anesthetic relief is immediate but temporary.
- Neurolytic relief develops over 1–3 days and lasts months.

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DISCHARGE INSTRUCTIONS

Procedure Summary: Superior Hypogastric Plexus Block

You have undergone a superior hypogastric plexus block. Under live imaging with contrast confirmation, medication was placed onto the sympathetic nerve network in front of the lowest lumbar vertebra that carries pain signals from your pelvic organs. The purpose 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.
- **Lifting:** nothing over 15 pounds for 48 hours.
- **Activity:** light activity for 24 hours, then as tolerated.
- **Sexual activity:** as tolerated after 48 hours.
- **Urination:** report inability to urinate within 8 hours of the procedure.

Needle Site Care

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

Pain Management Expectations

- **The flare:** localized low back soreness for 2–5 days is expected.
- **Management:** ice 20 minutes on/off; continue your baseline medications.
- **The anesthetic window counts:** relief lasting only hours after a diagnostic block is still a **positive result**. Record how long it lasted and roughly what percent it helped — that determines whether we proceed to neurolysis.
- **Steroid results:** if steroid was included, peak effect develops over 3–7 days.
- **Neurolytic results:** relief builds over 1–3 days and is formally assessed at 2 weeks.
- **What this block does not do:** it does not weaken your legs and does not affect bowel, bladder, or sexual function. Any such symptom is a red flag, not an expected effect.

Red Flags

- New leg weakness, numbness, or foot drop.
- Loss of bowel or bladder control, or inability to urinate.
- Blood in the urine.
- Severe, escalating back pain days after the procedure, especially with fever or night sweats.
- Fever >101.5°F, chills, or drainage at a needle site.

Follow-Up Schedule

- **1–2 Weeks:** assessment of degree and duration of relief; decision on neurolysis or repeat.
- Keep a simple record: percent improvement and days of relief.
- Bring an updated medication list — opioid doses are frequently reduced at this visit.

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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