We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

Lumbar Phenol Sympathectomy
Pain Management Services

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Patients first • Personal responsibility • Passion for excellence • Pride in our team
Lumbar Phenol Sympathectomy

What is Lumbar Phenol Sympathectomy?

The lumbar sympathetic nerves control blood flow to the skin and muscles of the leg, sweating, and some pain response in the leg. They do not control skin sensation or muscle power in the leg.

Lumbar Phenol Sympathectomy is an injection procedure to inactivate these nerves and is recommended by your vascular surgeon but carried out by one of the doctors from the pain management service team.

What is the aim of treatment?

The aim of treatment is to inactivate the lumbar sympathetic nerves allowing the blood vessels to your leg to open up as much as possible, giving you the best possible blood flow to your leg and foot. Improving blood flow to the leg may reduce pain felt in the muscles due to reduced blood flow, particularly if this pain is present all the time (rest pain). It is less successful for pain which is brought on by walking. Benefit from the procedure may vary to some extent according to the condition of the blood vessels and if the blood flow around the ankle is very much lower than that in the upper body measured at the elbow the benefit from the procedure is likely to be small. Blood pressures at the ankle and the elbow will therefore be measured prior to referral for the procedure. The other possible benefit of the procedure, when an ulcer is present on the lower leg due to reduced arterial blood flow, is to improve blood flow which

Urgent calls

Please contact St. Peter’s Hospital Accident and Emergency on 01932 722321, or your own doctor.

Additional Information

You can obtain further information by logging on to either of the following websites:  
www.britishpainsociety.org
www.vascularsociety.org

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.
Your vascular team will also advise on the use of medication to reduce clot formation in the blood vessels. If you do smoke it will be helpful to try to stop.

**What are the arrangements for follow up?**

Prior to your departure out-patient follow up is arranged on the ward with the vascular team. Rarely you may also be asked to attend pain management service for follow up.

**What if I have further questions?**

**Before Treatment**
If you have further questions, you should ask your doctor - it may help to write them down first.

**After Treatment**
You may ask your team on the ward.

**At Home**
If you have questions regarding pain relief you may contact the pain clinic advice line 01932 723998. This is not an emergency number, calls are usually returned the following Tuesday.

If your questions concern vascular issues please contact the vascular team or the ward where you were an in-patient.

promotes ulcer healing. Ulcer healing is not immediate but will take place over the next few weeks.

**Before the procedure**
To be sure your general health is suitable to allow you to have this procedure you will first be assessed by the healthcare team. You will be asked to read the information leaflet and to decide whether you wish to consent to having the procedure performed. You may wish to discuss this with your family.

You may drink clear fluids 2 hours prior to treatment, but you should not eat for 6 hours. If you are diabetic this procedure may affect your need for insulin or tablets; your healthcare team will monitor your blood sugar and your requirement for insulin or tablets, involving the specialist diabetic team if necessary.

Normal medication should be taken prior to the procedure with the exception of medication to thin the blood or to inhibit blood clotting. Your healthcare team will ensure that these are stopped at the appropriate time.

**How is the procedure performed?**
Your treatment will be performed in the operating theatre. The skin on your back will be marked with an arrow to ensure the procedure is carried out on the correct side. Further preoperative checks will be made on your arrival and again in theatre just before the procedure begins.
You will be asked to lie on your front for about 45 minutes and will be given sedation to reduce awareness. X-ray is used to guide the doctor in positioning the needle. This ensures the drugs given spread to the correct areas.

After the procedure, you will be asked to lie on your side with the treated side uppermost for half an hour.

You will be moved to the recovery ward for initial monitoring. If you experience pain you will be given medication to relieve this. When you have woken up from the sedative, you will be taken back to your ward, where you may eat and drink.

You will be observed overnight. The following day you will be reviewed by the vascular team and if no further management is required they will discharge you home.

In a few instances this procedure is done for out-patients as a daycase.

If this happens then you will be allowed home after a period of observation on the Day Surgery Ward. You should arrange for a responsible adult to accompany you home and stay with you overnight after the treatment.

What is the potential benefit?

Blood vessels in the leg are enabled to open as much as possible and blood flow to the leg and foot may be increased. This may reduce muscle pain in the calf and may also help ulcers on the leg or foot to heal.

What are the potential risks?

1. You may feel a little bruised at the injection site - this is temporary and will be relieved by simple pain killers.
2. There may be a drop in your blood pressure - this is usually small and is treated by fluids given into a vein.
3. As blood flow increases there may be an initial increase in pain in your foot and calf over the first 24 hours; this is usually temporary and can be treated with pain relieving medication.
4. About 5%-10% of people develop groin pain due to neuralgia. This normally settles in 3 months, but may require pain killers.
5. Bleeding may occur.
6. Infection may, rarely, develop but every care is taken to avoid this by carrying out the procedure under sterile conditions in theatre.
7. Failure or only partial success may occur. The procedure dilates blood vessels but does not clear away blockages.
8. Rarely phenol may spread to neighbouring structures causing nerve injury.

Is there any alternative to this injection?

Medication to relieve pain may reduce pain levels. Your surgeon will review your investigations and x-ray results to assess whether any surgical procedures may be possible or advisable to improve blood flow or to aid healing.