Suprascapular Nerve Pulsed Radiofrequency

Patient Information Sheet

What is the suprascapular nerve?

The suprascapular nerve is located in the suprascapular notch of your shoulder blade. It is formed from the fibres of the C4, C5, and C6 nerve roots. The suprascapular nerve provide sensory innervation to the glenohumeral and acromioclavicular joints of your shoulder. It also supplies motor innervation to the supraspinatus and infraspinatus muscles.

When is a suprascapular nerve pulsed radiofrequency performed?

A suprascapular nerve block and pulsed radiofrequency may be performed if pain is arising from the shoulder or the suprascapular region. Examination may reveal tenderness around this area with pressure.

Before the Procedure

You will need to fast before the procedure. This means:

- No food 6 hours before
- No liquids (other than water) 6 hours before (this includes coffee, tea, orange juice etc)

You can drink sips of water up to 2 hours before the procedure. Take your usual medications with a small sip of water. Please contact us if you are taking any blood thinning medications, diabetes medication, pregnant, or unwell.

The Procedure

The procedure itself takes around 30 minutes.

It is a day case, meaning no overnight stay is required. An Anaesthetist will provide sedation and monitor you during the procedure.

The procedure is performed in the operating room with fluoroscopy (X-ray) to ensure accurate needle placement. Specialized equipment including the radiofrequency needle, probe and radiofrequency machine is used to heat the needle to a temperature of 42 degrees.

The nerve is pulsed with radiofrequency waves and local anaesthetic with steroid is injected following the nerve ablation.

The local anaesthetic provides immediate pain relief, whereas the pulsed radiofrequency and steroid may take several weeks to provide sustained pain relief.

Pain relief usually lasts between 4-8 months. The procedure can be repeated if your pain returns.

After the Procedure

- You will be taken to recovery and monitored until you are ready for discharge.
- You will not be able to drive, so ensure someone can drive you home safely.
- Some patients may experience an initial increase in pain, which is common after radiofrequency.
- Avoid over-exerting yourself immediately after the procedure.
- You may gradually return to your day-to-day activities.

If you develop any symptoms (fever, swelling, worsening weakness or numbness, bleeding, loss of bowel or bladder control) after the procedure or have any other concerns, please contact us, your GP, or your local Emergency Department.

What are the risks?

- No procedure is risk-free but the risks for this procedure are considered to be relatively low.
- Possible risks include infection, bruising, haematoma, nerve injury and allergic reactions. Infection is minimized with appropriate sterile and aseptic precautions. Bleeding risk is minimized by stopping blood-thinning medications a few days prior. If this applies to you, our clinical nurse will remind you to stop your blood-thinning medications a few days prior to your procedure.
- Risk of nerve injury is minimized as we use fluoroscopy to guide accurate needle placement.
- Severe allergic reactions to the injectates (ie local anaesthetic, steroids) are very uncommon.
- Steroids may produce side effects including stomach irritation, insomnia, mood swings, flushing, palpitations. Post-procedural flare is common after a radiofrequency and can be treated with simple analgesics.
- Neurological complications including weakness, paraesthesia, numbness have been described but are extremely rare.
- Radiofrequency treatment can produce patchy numbness on the overlying skin.
- The outcome of the procedure is variable between individuals.

AUSLON
MEDICAL GROUP