

# Ilioinguinal and Iliohypogastric Nerve Block and Rhizotomy

A guide for patients

## Where is the ilioinguinal and iliohypogastric nerve?

The ilioinguinal and iliohypogastric nerves originate from the first lumbar nerve root with contributions from the 12th thoracic nerve root via the subcostal nerve. The nerves travel along the transversus abdominus and is deep to the internal oblique muscle. The iliohypogastric nerve communicates with the ilioinguinal nerve. It then travels along the spermatic cord through the inguinal ring and into the inguinal canal.

The ilioinguinal nerve supplies the skin in the upper and medial part of the thigh, as well as the root of the penis and upper part of the scrotum in males, and the mons pubis and labia majora in females.

## What is a ilioinguinal and iliohypogastric nerve block for?

Ilioinguinal and iliohypogastric block is useful in the management of groin pain. It is useful for treating persistent pain after inguinal surgery (ie hernia repair) and is useful for treating chronic testicular pain.



## 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 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 15-30 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 ultrasound 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 6-12 months.

## 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 a rhizotomy. We may prescribe some additional painkillers to cover you for this.
- 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 Dept.



You will be reviewed by our pain nurse via telephone a few days after the procedure.

## 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 pain 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 rhizotomy and can be treated with painkillers.

Neurological complications including weakness, paraesthesia, numbness have been described but are extremely rare.

Patients need to be aware that the outcome of the procedure is variable between individuals and they may not receive the desired benefits. The therapeutic benefits of the procedure are transient, and repeat injections may be required.

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