



Coccyx Injections/Ganglion Impar Blocks

Ganglion Impar Block

The Ganglion Impar Block can be used both as a diagnostic and therapeutic tool in patients suffering from coccydynia/coccygodynia (pain in the tailbone), pain in the perineum, distal rectum and anus, vulva, and distal third of the vagina.

The technique can be performed with local anesthetic and steroid for nonmalignant pain conditions, such as coccygodynia, or perirectal pain from tumor involvement. Neurolytic blockade can be performed, but only after a diagnostic block is performed. The advantage of the Ganglion Impar block over other neurolytic procedures for rectal pain is that bowel and bladder function is generally unaffected. However, this should be confirmed first with the local anesthetic block

The Procedure

The procedure is performed in a procedure or operating room. Sedation can be given to help the patient relax, but is not required or always necessary.

The patient will be placed on his/her stomach and the target area near the tail bone will be identified using live X-ray (fluoroscopy). After numbing the skin, a needle will be advanced to the desired area under fluoroscopic guidance. Prior to injection of the local anesthetics (numbing medicine), the correct position of the needle will be verified using contrast solution, provide the patient does not have another medical condition preventing its use, like an allergy to contrast. The procedure may take between 20-30 minutes to be performed. After completion of the procedure, Band-Aids may be applied to the needle sites. A nurse will monitor the blood pressure and pulse, and then review the discharge instructions with the patient before going home on the same day.

After the Procedure

The patient should not drive for 24 hours after the procedure. Mild discomfort may be experienced at the injection site, but it is unlikely that any prolonged recovery time is needed. Patients should be able to return to their normal activities the following day. A steroid, if used, typically takes several days to a week to begin working. A follow up appointment with the doctor is usually scheduled approximately one week after the injection. The injection may need to be repeated to maximize diagnostic accuracy and treatment benefits, or before considering other treatments like neurolysis (destroying the nerves) and spinal cord stimulation.

Risks

Like many medical procedures, injections around the coccyx and to the ganglion impar have risks. Those risks, while rare, include, but are not limited to, bleeding, infection, and no effect on pain, nerve injury, and incontinence. Unless performing neurolysis (destruction of the nerve – typically done with phenol or alcohol), incontinence, if it occurs, is typically short lived (minutes to hours).