Procedure Information Guide

Lumbar chemical sympathectomy

Brought to you in association with EIDO Healthcare and endorsed by the Royal College of Surgeons England.

Discovery has made every effort to ensure that we obtained the information in this brochure from a reputable source. We have adapted the content to reflect the South African market or healthcare environment.

You should not only depend on the information we have provided when you make any decisions about your treatment. The information is meant to act only as a guide to the treatment you are considering having. Please discuss any questions you may have about your treatment with your treating healthcare professional.
**What is a lumbar chemical sympathectomy?**

A lumbar chemical sympathectomy is a procedure that involves injecting a chemical, usually phenol, into your lower back to block the sympathetic nerves (see figure 1). These nerves control the flow of blood to the skin of your feet, some pain sensation and the ability to sweat.

Your surgeon has recommended a lumbar chemical sympathectomy. However, it is your decision to go ahead with the procedure or not.

**About this document**

We understand this can be a stressful time as you deal with different emotions and sometimes have questions after seeing your surgeon. This document will give you a basic understanding about your operation. We tell you about the things you can do to help make the operation a success. It is also important to remember to tell your surgeon about any medicine you are on so he or she can manage this, if necessary. It will also tell you about what to expect after the operation – while in hospital and in the long term. Your surgeon remains the best person to speak to about any questions or concerns you may have about the operation.

**What are the benefits of a lumbar chemical sympathectomy?**

The poor flow of blood to your feet is causing pain. You may even have ulcers or gangrene caused by atherosclerosis (where abnormal fatty material coats the inside of an artery, causing it to narrow or ‘harden’). The procedure should help your skin to heal and lessen your pain by improving the flow of blood to your feet.

There are other less common reasons for having a lumbar chemical sympathectomy. Your surgeon will be able to discuss why the procedure has been recommended for you.

**Are there any alternatives to a lumbar chemical sympathectomy?**

Strong painkillers will help with the pain but they will not help the flow of blood to your feet. Your condition will probably get worse without the procedure.

Your surgeon has decided that a bypass operation or angioplasty (widening an artery using a small inflatable balloon) is not possible or will not help.

**What will happen if I decide not to have a lumbar chemical sympathectomy?**

You should already be taking blood-thinning medicine. This will help to prevent you from having a heart attack (where part of the heart muscle dies) or stroke (loss of brain function resulting from an interruption of the blood supply to your brain).

The pain in your leg will probably get worse and you may eventually need an amputation.

**What does the procedure involve?**

If you are female, the healthcare team may ask you to have a pregnancy test. They need to know if you are pregnant because X-rays are harmful to unborn babies. Sometimes the test does not show an early-stage pregnancy so let the healthcare team know if you could be pregnant.

A lumbar chemical sympathectomy usually takes about 45 minutes. Your surgeon will first inject local anaesthetic into the skin of your lower back. This stings for a moment but will make the area numb, allowing your surgeon to insert the needle in the right position with much less discomfort for you. They will use X-rays to help them to insert the needle in the right position. When your surgeon is sure the needle is in the right position, they will inject the chemical to block the sympathetic nerves (see figure 2).
You will need to stay in bed for four hours for close observation.

What should I do about my medicine?
Let your doctor know about all the medicine you take and follow their advice. This includes all blood-thinning medicine as well as herbal and complementary remedies, dietary supplements, and medicine you can buy over the counter.

What can I do to help make the procedure a success?
If you smoke, stopping smoking several weeks or more before the procedure may reduce your risk of developing complications and will improve your long-term health.
Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.
Regular exercise should help to prepare you for the procedure, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

What complications can happen?
The healthcare team will try to make the procedure as safe as possible but complications can happen. Some of these can be serious and can even cause death. The possible complications of a lumbar chemical sympathectomy are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you what the risk of a complication for you is.

- Pain. The healthcare team will give you medicine to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the procedure.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 100). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medicine, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs (risk: 1 in 150). Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest casualty unit.
- Post-procedure neuralgia, which is a burning sensation in your leg (risk: 2 in 5). This usually gets better within a few weeks.
- Continuing pain. About one in two people will not be free of pain and will need to continue to take painkillers.
- Problems having sex, if the procedure is done on both sides of your back (bilateral lumbar chemical sympathectomy) and the nerves that control orgasm are damaged (risk: 1 in 5).
- Failed procedure (risk: 1 in 3). The procedure can be attempted again.
You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

- In hospital
After the procedure you will be transferred to the recovery area and then to the ward. You should be able to go home the next day. However, your doctor may recommend that you stay a little longer.

- Returning to normal activities
To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medicine or need to wear special stockings.
Sometimes it can take a few days to notice an improvement so you may need to continue taking medicine to control the pain. The healthcare team will tell you when you can return to normal activities. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice. Do not drive until your doctor tells you that you can.

- The future
Most people make a good recovery with a better quality of life. Your surgeon will recommend that you have treatment with blood-thinning medicine to help make the procedure a success.

Summary
A lumbar chemical sympathectomy is sometimes suitable if you cannot have a bypass operation or angioplasty. It is usually a safe and effective way to improve the flow of blood to your feet and to lessen your pain. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
Author: Mr Bruce Braithwaite MChir FRCS
Illustrations: Medical Illustration Copyright © Nucleus Medical Art. All rights reserved. www.nucleusinc.com

This document is intended for information purposes only and should not replace advice that your relevant healthcare professional would give you.

You can access references online at www.aboutmyhealth.org. Use reference V07.