



Tameside and Glossop
Integrated Care
NHS Foundation Trust

Coccygeal Injections for Non Acute Pain

Patient information Leaflet

January 2020

Please read this leaflet carefully.

If you do not follow these instructions your procedure
may be cancelled.

What is a Coccygeal Injection?

Coccygeal injections are used to treat pain around the tail bone in the lower back. It involves an injection of a local anaesthetic and steroid around this area.

Your procedure may be performed under X Ray guidance. If you are female please ensure there is no risk of you being pregnant on the day of your procedure.

What are the benefits?

The injection may provide temporary pain relief, however it is important that you follow a regular gentle course ensuring that you stay within your comfort zone, otherwise the pain will return.

Are there any alternatives?

By the time that you consider having this injection you should have already tried other more simple treatments. These include a graduated pain free exercise program, painkilling and anti-inflammatory tablets, physiotherapy and TENS.

Possible side effects and complications

All procedures carry a risk of complications and precautions are always taken to minimize the risk as far as possible but occasionally the following risks may occur:

- Failure of the injection to help
- Worsening of the pain (Temporary or permanent).
- Bleeding/bruising to the injected area.
- Infections in the injected area
- Fat dimple (a depression in the skin)
- Numbness (Temporary or permanently) in the injected area
- Leg weakness
- Allergic reactions

Potential side effects/ complications associated with x-ray guided procedure

Female patients who are or might be pregnant must inform a member of trained staff in advance. All x-ray procedures involve exposure to radiation in varying amounts. We are all exposed to small amounts of radiation in the atmosphere throughout our lives. Any amount of diagnostic radiation can add slightly to the normal risk of developing cancer. In all x-ray examinations, the amount of radiation is kept to the minimum necessary.

Unfortunately one in three of us are liable to develop cancer at some stage in our lives so the added risk from this treatment is very small indeed. The risk has to be balanced against the benefits you may achieve by having this procedure.

I have heard that steroids are being used unlicensed/off- label, what does this mean?

Steroids (corticosteroids) are commonly used to manage long term pain, but are only approved (licensed) to be given by a certain route for example into a vein. When a steroid is given by a different route than the one licensed, it is known as off label use. As the manufacturers of the pain medicines have not applied to extend the license to cover the routes used in pain medicine, many treatments are used off-label. Your doctor will be able to discuss this with you further.

Possible side effects with use of steroids

Repeated and frequent use of steroids has the potential to lead to more serious side effects. Fortunately the doses used in pain injections are small when compared to doses of oral steroids.

Side effects associated with either single or occasional steroid use, including hot flushes, nausea, mild stomach pain, fluid retention, blurred vision/ rarely serious visual disturbance, raised blood sugars in diabetics and occasional menstrual irregularities/intermenstrual bleeding and should settle in a few days.

Prior to admission

Pre Procedure Assessment

Some patients may require a pre procedure assessment appointment.

If you have received an appointment you will need to have the following information available:

- A list of current medication.
- **If you are diabetic, you must have your HbA1C blood result reading***. Please contact your GP to arrange if one has not been performed within 3 months of your planned injection.
- **If you have high blood pressure**, you must ensure that you have an up to date blood pressure reading within the last 3 months*.

***Please Note: Your pain injection will be postponed if this information is not available at the time of the appointment.**

IMPORTANT INFORMATION

Prior to your injection **YOU MUST** contact the booking and scheduling clerk on 0161 922 6157 as soon as possible.

If you:

- Develop a cough or cold within 2 weeks of the injection
- Require any tests or investigations
- Undergo surgery or dental treatments
- Have changes made to your prescription
- Have a worsening of any existing medical conditions
- Are diagnosed with a new health condition

Please DO NOT attend for your injection unless we have agreed that you are fit. Failure to follow this advice will lead to your injection being cancelled on the day and you will be sent home.

How long will I be in hospital?

The procedure is performed as a day-case, and as such you should expect to stay approximately half a day. The time detailed on your appointment letter relates to your admission time only. Your procedure will be performed based on your place on the list. In the event that you need to stay in hospital overnight you will need to bring the following in with you:

- Dressing gown,
- Slippers
- List of your current medication

Starving Instructions

Please follow the starving instructions below:

The day before your procedure:

- You should eat normally, but avoid large fatty meals
- **NO** alcohol for 24 hours before your procedure

Fasting on the day of your procedure:

Morning Procedure

- **NO** food after 2.30am, no chewing gum or boiled sweets after 2.30am
- **NO** smoking on the day of your admission
- You may have clear fluids (water, weak juice, black tea/coffee – **NO** milk or milk products) up to 6am on the morning of your operation/procedure.

Nothing by mouth after 6.30am on the day of procedure.

Afternoon Procedure

- You may have a light breakfast (such as toast or continental breakfast, **or** a small bowl of cereal). **NO** food after 7.30am.
- You may have clear fluids (water, weak juice, black tea/coffee – **NO** milk or milk products) up to 11.30am.

Nothing by mouth after 11.30am on the day of procedure.

Evening Procedure

- You may eat light breakfast and light lunch up to 12.00 noon. **NO** food after 12.00 noon.
- You may have clear fluids (water, weak juice, black tea/coffee – **NO** milk or milk products) up to 3.00pm.

Nothing by mouth after 3.00pm on the day of procedure.

If you are unwell on the day of your procedure please contact:

The Booking and Scheduling Coordinator: 0161-922-6157 (Mon – Fri Only)

The Daycase Unit on: 0161-922-6219

On The Day of Your Procedure

What will happen to me before the procedure?

On arrival to the unit, you will be asked to complete a pre-admission questionnaire, before being admitted by the nurse. During your admission the nurse will discuss the information provided in the questionnaire and record your pulse, blood pressure, respiratory rate, temperature and oxygen levels. You may also be asked to provide a urine sample. If the information provided highlights a cause for concern or your observations are abnormal your procedure may be **cancelled** pending further investigation and treatment.

Following admission you will be asked to return to the waiting area until your procedure time. Once you are called, you will be asked to put on a gown before seeing the doctor who will explain the procedure to you, give you the opportunity to ask questions and sign your consent form. If you have been told you are having sedation a small needle will be inserted into the back of your hand.

What will happen to me during the procedure?

You will be asked to sit or lie in a comfortable position. A small amount of local anaesthetic is injected to numb the skin overlying the injection site. The local anaesthetic/ steroid injection is then given. You may feel some discomfort during the injection, but this normally settles quickly.

What will happen to me after the procedure?

Immediately after the procedure you may feel that the injection area feels numb and heavy. This is to be expected and should settle within a few hours, however occasionally you may experience prolonged weakness or numbness which will require you to stay in hospital overnight.

Following your procedure your observations will be recorded for a short period, once they are stable and you have mobilised safely you will be able to go home. You may have a dressing over the injection site which can be removed after twenty four hours.

Please ensure that you follow any instructions you are given about rest, exercise and how long to stay off work.

Discharge Arrangements

It is important that someone to collect you from the hospital. You **MUST NOT** attempt to drive home. If you do not have anyone to escort you home, then you must discuss this with the booking and scheduling team before the day of your injection or you will be **cancelled**.

Patients who have been given Sedation

For the first twenty four hours you **MUST NOT**:

- Drive as you will not be insured.
- Operate machinery (including cooking and using other domestic appliances).
- Drink alcohol.
- Make important decisions.
- Be left alone in the house to look after small children.

Once at home

On the day of the procedure you should rest for a couple of hours before resuming your normal activities. It is important that you monitor the effect of the injection on your pain over the next couple of weeks as this will assist doctors in planning further treatment. Most people find that the pain is reduced within a few days after the trigger point injections. Try to increase your exercises moderately if the effects of your injection appear to be successful. However it is important when doing your exercises that you do not go into the pain, you must stop before pain is felt.

If you have been given sedation it is important that in the following twenty four hours:

- You **Do Not** drive as your insurance may not cover you.
- You **Do Not** operate machinery (including cooking and using other domestic appliances).
- You **Do Not** drink alcohol.
- You **Do Not** make important decisions.
- You are **Not** left alone in the house to look after small children

Exercise

Following your injection it is important that you perform a gentle '**Pain Free**' stretch programme which will help to prolong the effects of the injection. **The exercises can be found at the back of the leaflet**, please ensure that you follow the exercise instructions fully.

Worsening of Symptoms

Please note that the injection may make your pain worse. If this occurs and you are unable to manage please contact your GP, or attend GO TO DOC, your local urgent care walk in centre or Accident and Emergency Department.

Follow Up Arrangements

To evaluate the effectiveness of the treatment and discuss your further management you will be sent either:

- A telephone appointment with the nurse
- A face to face appointment with the nurse
- A face to face appointment with the consultant

Contact Numbers:

Pre- Assessment and Procedure Appointment Queries:

Booking and Scheduling Team on: 0161 922 6157

Clinic appointments:

Central Bookings: 0161 922 6991

Telephone appointments:

Administrative Support: 0161 922 6986

General enquiries:

Pain Secretary: 0161 922 6816

Other Useful Contacts or Information

NHS 111

The Trusts Patient Information Centre 0161 922 5332

British Pain Society 020 7269 7840 / <http://www.britishpainsociety.org>

Source Of Good Practice

Fogel, G. R., Cunningham 3rd P. Y., Esses S. I. (2004), "Coccygodynia: Evaluation and management", American Academy of Orthopaedic Surgery: Vol: 12(1); p.p.49-54.

Hogan Quinn, H. Abram Stephen E. (1997), Neural Blockade for Diagnosis and Prognosis: A Review Anaesthesiology; Vol: 86 (1) p.p. 216-241.

ABPI, "Compendium of Data sheets and summaries of product characteristics", 1999-2000.

Pain Management Service Leaflet produced in association with the Northwest Chronic Pain Group. UK 2002.

If you have any questions you want to ask, you can use this space below to remind you.

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگویج، انٹرپریٹیشن اینڈ پیٹینٹ سپورٹ سروس (لپس Lips)

اگر آپ کو اپنی اپائنمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

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Pain Management Clinic Exercises

Why exercise?

There is evidence that exercise is beneficial in managing long-term pain. This leaflet details some exercises that you may find helpful.

These exercises are to help you get, or keep, a good range of movement in your joints, and to gently work your muscles.

The last three pictures show positions that you could try for sleeping.

Rules for exercising:

- 1) Stay within your comfort zone and only move as far as you can comfortably. You must not push into the pain; the exercises will still work.
- 2) Do a small amount of exercise often during the day: perhaps every hour, or every two hours.
- 3) Do just a few repeats of each exercise: two or three repeats is fine.
- 4) You can alter how you do an exercise by changing the number of repeats you do in one go, or by making the movement bigger or smaller.
- 5) Do the whole plan every day, but remember that you can do it little and often to get it completed.
- 6) If you get increased pain every time you do a particular exercise, try to decrease the number of repeats, or do a smaller movement, or make both changes.
Making these changes may help you to keep on doing the exercise.
If it still causes increased pain, stop doing it, and ask for advice.

The Pain Management Team can be contacted on 0161 922 6816

Take your head forward so you are looking down.

Go only as far as is comfortable.



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Take your head backwards so you are looking up towards the ceiling.

Go only as far as is comfortable.



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Turn your head to one side; repeat to the other side.

Go only as far as is comfortable.



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Tilt your head toward one shoulder; repeat to other side.

Go only as far as is comfortable.



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Sit with your back supported.

Pull your chin backwards so you give yourself a double chin. Do not tip your head down or up.

Go only as far as is comfortable.



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Roll your shoulders in small circles, both forwards and backwards.

Go only as far as is comfortable.

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Sit or stand with your hands clasped in front of you.

Lift your hands forward in front of you and then up, to take them above your head if possible.

Go only as far as is comfortable: you do not need to go as far as is shown in the picture.

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Sit towards the front of a firm chair.

Slump down into a slouch position and then sit up straight and arch your back.

Go only as far as is comfortable.

The middle position between being slouched and being arched is a good posture for sitting in.

This movement is called pelvic tilting.

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Sit on a chair and fold your arms across your chest.

Turn your shoulder and head together so that you are looking to your left; repeat to the other side.

Go only as far as is comfortable.

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Stand or sit.

Bend to one side at the waist; repeat to the other side.

Go only as far as is comfortable.

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Support yourself with both hands.

Slowly bend your hips and knees, and then straighten them again.

Go only as far as is comfortable: you do not have to go as far as is shown in the picture if this is too difficult.

NOTE: if you have recently had a total hip replacement you may still need to be careful not to bend your hip to more than a right-angle (90 degrees).

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Stand up from and sit down on a chair.

Go only as far as is comfortable.

You can make the exercise easier by using a higher chair; a lower chair will make the exercise harder.

Use your hands if you need to, but use them as little as you can, as this will help make your legs stronger.

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NOTE: if you have recently had a total hip replacement you may still need to be careful not to bend your hip to more than a right-angle (90 degrees).



Lie on your back with your knees bent.

Squeeze your buttocks together and lift your bottom off the floor. Control the movement as you return to the starting position.

Go only as far as is comfortable.

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Lie on your back with knees together and bent.

Slowly roll your knees from side to side keeping your upper body still.

Go only as far as is comfortable.



This can be a useful exercise to do before you get out of bed.

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This may help as a sleeping position.

Lie on your side with one or two pillows between your knees.



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This may help as a sleeping position.

Lie on your back with a pillow under your knees.



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This may help as a sleeping position.

Lie face down with a pillow under your tummy.

NOTE: this isn't a good position if you also have problems with your neck.



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