

How do injections work?

Injection treatment, or more specifically infiltration, involves low-dose anti-inflammatory treatment, often cortisone-based, injected locally.

It is often used with anaesthetic injections.

It allows a powerful anti-inflammatory drug to be delivered to the site of the pain, with very little diffusion through the body. The goal is to be more effective, whilst also reducing possible side effects.

Injections can be epidural (slipped disc, lumbar stenosis), in the joints (osteoarthritic swelling, non-infectious inflammation around the joints), and, more rarely, in muscle tissue (piriformis muscle of the buttock), but also around nerve structures (carpal tunnel). They are not advised in the tendons (risk of rupture).

With perineal pain, they are only used to treat pain with a spinal cause. They enable the identification and sometimes the relief of pain that originates from the spinal nerves (e.g.: Maigne syndrome, nerve compression in the spinal canal, spinal joint pain).

In patients suffering from chronic perineal pain linked to nerve compression in the perineum, corticosteroids have not been shown to be effective in pain relief. Injections thus consist of anaesthetics only. We refer to the block test.

The Block Test

BLOCK TEST FOR THE PUDENDAL NERVE AND THE INFERIOR CLUNEAL NERVE

This test is performed where nerve conflict is suspected. It allows us to identify the nerve involved and the area that has suffered damage or compression.

The block test is an essential part of the diagnosis for pudendal neuralgia, cluneal neuralgia, and many kinds of neuralgia that are not identifiable using MRI or a scanner. It is used to identify a link between the patient's pain and nerve damage. The anaesthetic effect may also cause lasting pain relief. This is referred to as desensitization.

The conditions are similar. During the test, the pain is changeable, transient and of moderate intensity. It is possible that the pain will become worse, always temporarily so, in the 15 days that follow.

The injection is performed through the buttock



BLOCK TEST INJECTION FOR THE PUDENDAL NERVE

The pudendal nerve leaves the abdominopelvic region, passing through the buttocks.

That way, it can bypass the barrier formed by the pelvic floor, and reach the perineum.

In its path through the buttocks, there are 3 areas of conflict, identified and marked in the diagram with "*" *"

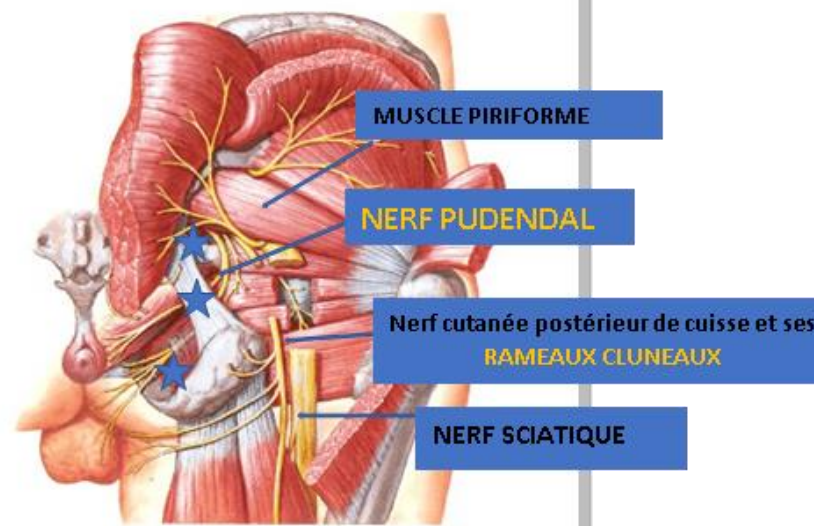
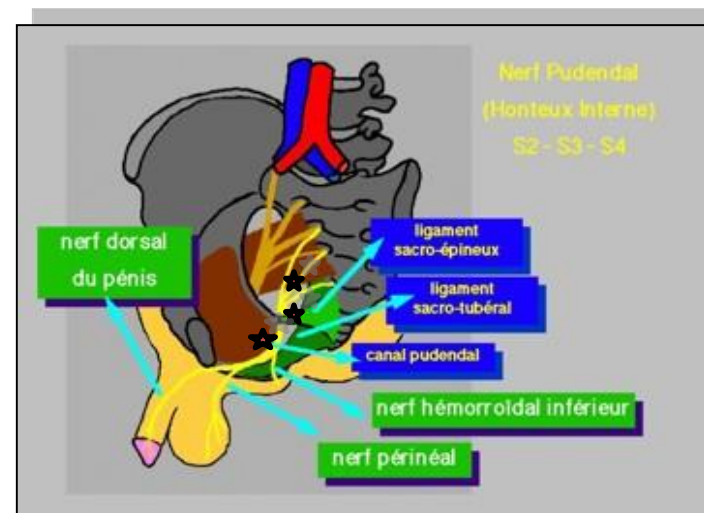
- The infra-piriformis space and ligament clamping (*represents 70 % to 90 % of conflicts found*)

- The Alcock Canal (*10% to 30 % of conflicts found*)

The buttock region (*According to Netter*)

3 areas of conflict, identified and marked in the diagram with

The conflict zones for the pudendal nerve



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