NHS
Royal Cornwall Hospitals
NHS Trust

Saddle block

Information for patients

Outstanding
Care for **One+All**

What is this?

A saddle block (also called intrathecal neurolysis) is used to treat cancer-related pain in the area between your legs (the perineum). A special chemical mixture is injected into the spinal fluid through a needle to numb the nerves that send pain signals to your brain.

Why is this needed?

This block is usually considered if strong pain medications aren't managing your pain well. It is particularly useful if sitting is painful.

Saddle blocks have been used in pain management for many years. It is usually a one-off injection, lasting from several weeks to months. It can be repeated if needed.

What does it involve?

The saddle block is usually done in the clinical imaging dept (X-ray) at Royal Cornwall Hospital, or in an operating theatre.

1. You will need to sit up for about 20 minutes for the procedure. We can give you a strong pain-relieving injection to enable you to do this.
2. The skin on your lower back will be cleaned with antiseptic and then numbed to decrease the discomfort from the local anaesthetic.
3. A spinal needle is inserted in between two bones in your back.
4. The chemical mixture is injected into the spinal canal. The needle is then removed.
5. You will need to lean back at a 45 degree angle for 30 minutes.

This helps the chemical reach the right nerves and protects other nerve structures. This is usually easy as the block will numb your perineum quite quickly.

You will then be taken to the recovery area. If you are in a hospice, you will return there. Otherwise, you can go home.

Following the procedure, your pain medications may be adjusted.

Are there any side effects or risks?

As with any procedure, there are risks and possible side effects. For saddle blocks, these include:

- **Numbness** – you may feel numb underneath. This can improve over time but may be permanent. (Very common, 1 in 10)
- **Headache** – you may get a headache following insertion of the spinal needle. This usually goes away after a few days. (Common, 1 in 100)
- **Procedure failure** – the procedure may not work. (Common, 1 in 100)
- **Bleeding** – there's a very small risk of bleeding into the spine, which might need surgery. (Rare, 1 in 1000 or less)
- **Bladder control problems** – you may have issues with urination, possibly needing a catheter (urinary incontinence). (Common, 1 in 100)
- **Bowel control problems** – there's a small risk of losing control over your bowels (faecal incontinence). (Common, 1 in 100)
- **Paralysis** – there is a very small risk of paralysis, which could be temporary or permanent. (Rare, 1 in 10,000 or less)

Do I need to take any precautions?

If you take blood-thinning medications, you'll need to stop taking them before the procedure. This information will be provided in advance.

Will I need any follow up?

You will usually have a follow up appointment by phone.

Any questions?

If you have any questions, please contact the Pain Clinic:

- Telephone: 01872 252160 or 252792.

For an online version of this leaflet please scan this QR code

To get this information in a different format call 01872 252690

© Royal Cornwall Hospitals NHS Trust
Patient Information 2025

Reference	RCHT3081
Printed	05/2025
Version	1.0
Review due	05/2028

Outstanding Care for **One+All**