



Plexus Block Pain Therapy 神經叢阻斷術疼痛治療(英文)

Interstitial cystitis usually shows symptoms such as dull pain in lower abdomen, vaginal paresthesia, painful urination, frequent urination, and nocturia. Patients may experience long-term low spirit and depression. The means of therapies include oral medication, heparin bladder perfusion, bladder injection of botulinum, and magnetic innervation.

Outpatient at the Pain Center can apply plexus block, “Superior hypogastric plexus block” and “Ganglion Impar block” therapies to reduce or relieve pain.

“Interventional Therapy” mostly refers to the nerve “therapy” via injection. The so-called “therapy” could be “Nerve Block” with short-term effect or the “Neuroablative procedure” with long-term effect.

Physicians not only need to know the cause of pain but also distinguish the qualities of pain with details, including the degree of pain, patients’ perception towards pain, length of pain, onset time, and the actual area of pain. Sometimes different nerves could be treated even by 1 cm. Hence “nerve block” becomes increasingly important because the nerve only temporarily paralyzed after blocking but the neuroablative procedure could not restore the nerve.

Nerve block not only quickly reduces pain but also helps the pain physician to find the nerve fiber or plexus that really affects the pain. It positions the size of area for pain therapy and also determines if “neuroablative procedure” should be applied to relieve the pain over the long run. Although the effect of blocking is temporary, pathological institutions for nerve pains suggest that repeated nerve blocking could eventually stabilize the nerve and reduce the sensitivity to pain. The supplementary minor painkiller could basically restore the patient to previous normal life.

In the pain, such interventional therapy was often limited to the treatment for patients with lower back pain, spinal bone or nerve pain. In fact, many visceral pains can also reach the effect of pain reduction or relief through precisely positioned blocking or neuroablative procedure.” This will naturally rely on the detailed examination conducted by pain physicians and repeated blocking.

Perhaps some may question if this procedure only cures the symptoms but not the cause of disease without the real treatment of disease. Nonetheless there are many similar pain issues (or diseases) that could not be traced of cause to disease clinically or the pain could not effectively be handled even if the cause of disease is known, including chronic obstructive pancreatitis, ketamine cystitis, irritable bowel syndrome, perineal pain, and even menstrual pain. The most direct therapy on pain nerve could comfort and improve the physical and mental condition as well as the living of patients more.

若有任何疑問，請不吝與我們聯絡
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