

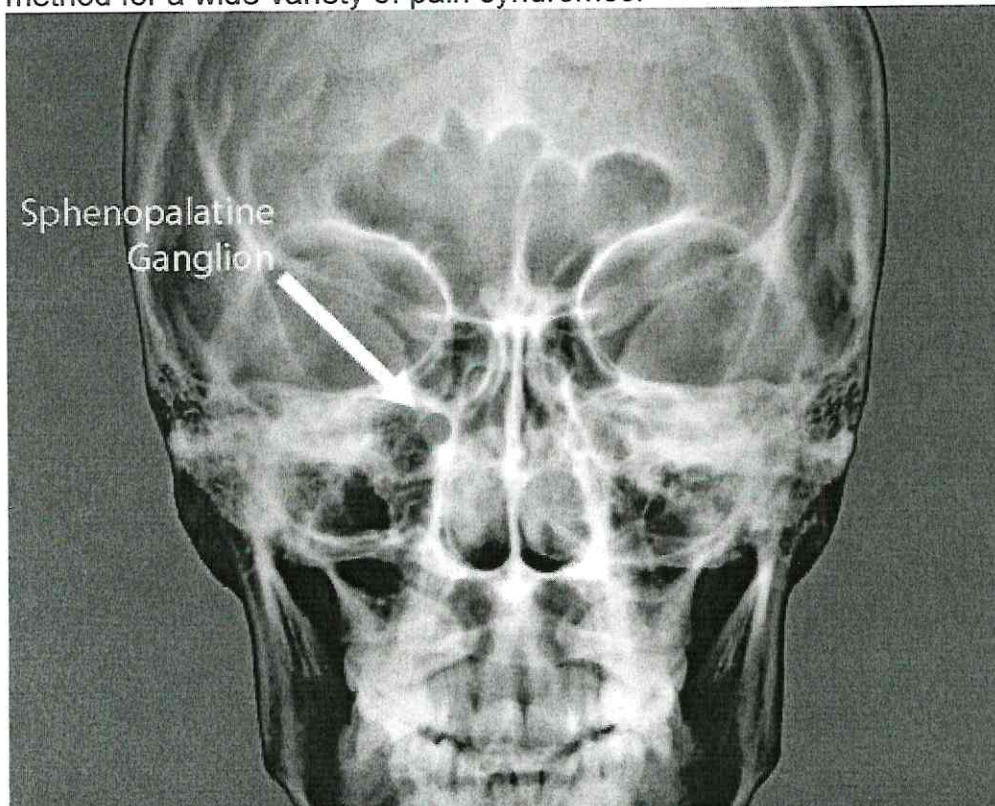
## SPG/TNG Block Reference Guide for Providers

### Sphenopalatine- Trigeminal Nerve Ganglion Block

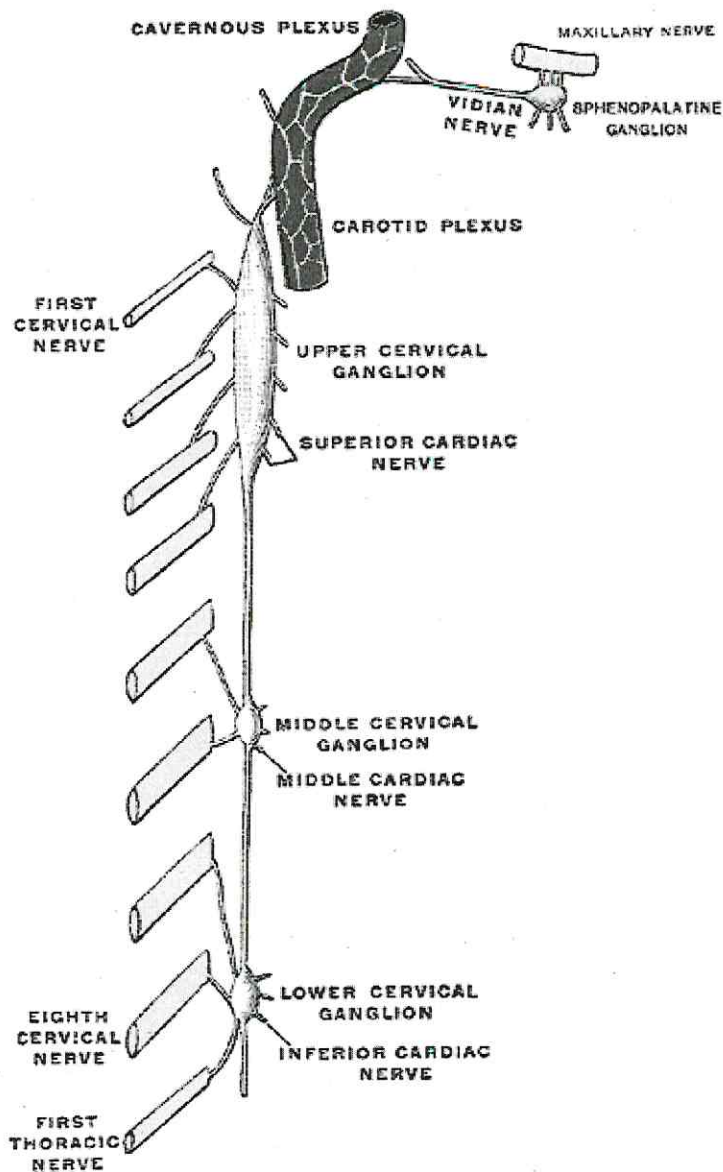
If you suffer from chronic headaches and/or facial pain that has failed to improve with conventional therapy or medication, you may benefit from this simple treatment option.

#### What is a Sphenopalatine Ganglion Block?

A sphenopalatine ganglion block is a minimally invasive procedure used to treat head and facial pain. While the procedure itself is short and performed in your doctor's office, it requires a great deal of technical proficiency, hence very few physicians are trained how to do it. A sphenopalatine ganglion block is an established treatment method for a wide variety of pain syndromes.



• The sphenopalatine ganglion is a little-known region in the face that transmits pain signals from the head and face. By placing a small amount of local anesthetic on it, pain management specialists can effectively treat everything from trigeminal neuralgia to migraine headaches!



SPG can have + effects on upper cervical ganglion pain = C1-C4, but must have head pain as a component as well for insurance coverage. Good for high cervical pain where we cannot do procedures routinely.

## Indications

The sphenopalatine ganglion block is versatile procedure that has been used by pain management doctors for decades to treat pain. This truly amazing procedure is an established treatment method for a wide variety of pain syndromes:

- Trigeminal neuralgia[1][2]
- Sphenopalatine neuralgia
- Migraine headaches
- Cluster headaches
- Atypical facial pain[3]
- Cancer pain of the head and neck
- Tongue and mouth pain
- Temporomandibular joint (TMJ) pain[2]



Sluder's neuralgia[4]  
Paroxysmal hemicrania[5]  
Post procedural headache  
Upper cervical ganglion pain – C1-C4

Other possible therapeutic uses reported in literature include:

Herpes Zoster[6]  
Postherpetic neuralgia[5]  
Vasomotor rhinitis  
Complex regional pain syndrome (CRPS) [7][8][9]- using tetracycline  
Reflex Sympathetic Dystrophy (RSD)  
Low back pain[10]

**PROCEDURE IS FDA APPROVED FOR USE IN PREGNANT FEMALES, ABDOMEN WILL BE LEAD PROTECTED DURING THE PROCEDURE.**

### **What Are The Benefits?**

The Sphenopalatine ganglion block is a safe, effective and established procedure for treating refractory head and face pain. Any patient suffering from facial pain, chronic headaches, trigeminal neuralgia and the like will attest to how debilitating their pain can be. Classically, these types of pain are treated with a series of medications – cycling from one to the next based on trial and error. Most medications are ineffectual and those that are effective either have intolerable side effects or are the fourth or fifth medication tried. This life changing procedure can offer immediate relief and potentially allow pain sufferers to avoid the nuisance of daily medications.

SPG block stands for sphenopalatine ganglion block. The sphenopalatine ganglion is a collection of nerve cells located just under the tissue lining the back of the nose. By applying a local anesthetic to the area, nerve impulses can be temporarily blocked, providing relief from various types of pain. The patented SphenoCath® is designed to quickly and comfortably deliver medication to the area of the sphenopalatine ganglion.

### **Will it hurt?**

Some patients experience a minor discomfort when the small, soft catheter is inserted into the nose, but the procedure is not painful. In the past, SPG block was accomplished with a long needle through the side of the head or with a stiff, cotton-tipped applicator through the nose. Ours uses no needles and is designed to be comfortable and safe for patients.

### **How long will it take?**

SPG block takes 15 minutes total in the procedure room. Patients are encouraged to remain in a flat or reclined position for 8-15 minutes afterwards to maximize the benefit of the procedure.

**What medications are used?**

4% Lidocaine for treatment, 1% lidocaine for the pre-anesthetizing of the nasal passage/turbinate prior to the procedure.

**What are the side effects or risks with the SphenoCath®?**

The risks include irritation to nasal cavity or mucosa, nose bleeding; and/or mild pain.

**Why haven't I heard of SPG block before?**

In the past, the procedure has been difficult, uncomfortable, and offered only by a few practitioners. Now SPG blocks can be done quickly, easily, and comfortably, and by a wide variety of practitioners.

**What about my headache medications?**

Do not change your headache medications unless instructed to do so by your provider.

**What is SPG block and why should I consider it for my patient?**

The sphenopalatine ganglion (SPG) is located just deep to the nasal mucosa posterior to the middle nasal turbinate. The SPG can be blocked by diffusion of local anesthetic through the overlying mucosa. Sensory, sympathetic and parasympathetic fibers pass through or synapse in the SPG, making it a key structure in various types of cephalgia. Temporarily blocking function of the SPG can provide prompt, and sometimes sustained, relief of pain. It is theorized that an SPG block provides sustained relief by disrupting dysfunctional neuronal activity, allowing restoration of normal function.

**Will I have pain during the procedure?**

The SPG block has been described in the medical literature for over 100 years. It has been proven effective for many painful conditions. The main limitation to the procedure has been that it is the discomfort and risks for patients, the inconsistency of medicine placement impacting results. The procedure is quick, easy and consistent with minimal to no discomfort.

**Will I need a driver?**

No

**Will I have to stop blood thinners or other medications prior?**

No, only contraindication is allergy to lidocaine

**Can I have ativan or xanax to assist with anxiety?**

No

**Can I keep my facial piercings in during the procedure?**

No, you will need to remove any nose rings prior to the procedure.

**Are needles used?**

No, the device is a plastic injectable port system

**How many will I need?**

First time patients receive a series of 3 injections 1-2 weeks apart. After the patient may be booster injected over time as needed or the series repeated based on patient needs.

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