Coeliac plexus neurolysis (CPN) (Gastroenterology patients)

Patient Information

This information is for patients referred to the Gastroenterology service for:

- Coeliac plexus neurolysis (CPN) or
- Patients referred to us for related procedures with symptoms of pain that may wish to have the CPN procedure at the same appointment.

What is a CPN?

The celiac plexus is a group of nerves that is positioned in front of the diaphragm, directly behind the stomach and on top of a branch of a large blood vessel called the aorta. The nerves supply sensation to the organs in your abdomen including your pancreas.



Neurolysis means destroying the nerves. One way of doing this is a procedure called an "Endoscopic ultrasound guided coeliac plexus neurolysis". A mixture of local anaesthetic and pure alcohol is injected through the wall of the stomach under ultrasound guidance.





Why would I need a CPN?

Destroying the nerves that supply the pancreas may give you relief from the pain due to pancreatic cancer. This can allow you to reduce or stop the medicines you take for pain such as morphine, which often have side effects. There is no guarantee that CPN will improve your pain.

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If the CPN works, the improvement in your pain can last for up to three months.

What are the side effects?

Most people will have no side effects following CPN.

Possible side effects are:

- **Diarrhoea**. 1 or 2 out of every 10 people. The diarrhoea usually improves after 2-3 days
- Low blood pressure. 1 out of every 10 people may develop low blood pressure. This usually improves after 2-3 days.

Rare side effects are:

- Loss of blood supply to the stomach or other organs and very rarely paralysis of the stomach. This affects 2 out of every 1000 people.
- Paralysis (loss of use of the legs) or leg weakness. A few cases of have been reported worldwide out of thousands of procedures performed this way.

You will be contacted for a preassessment

A nurse will call you to check you understand the procedure and it is safe to go ahead. This is an opportunity for you to ask any questions.

If you take any blood thinners other than aspirin, you must let us know. Please discuss this with the nurse or contact us if you have not heard from us.

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We will need to tell you when to safely stop taking these medications before your procedure.

If you have diabetes discuss this with the nurse. Specific advice will be provided.

What can I expect on the day?

- If your procedure is before midday you will be asked not to eat anything on the day before the procedure.
- *If your procedure is in the afternoon* you can have breakfast as long as you have finished it before 7:30am.
- You can drink water up until two hours before your procedure.
- If you are taking any medicines (including pain medicines) you should take them at your usual time with sips of water.
- A nurse will assess you and a cannula will be placed in a vein in your arm.
- The doctor will discuss the procedure with you, and answer any questions you may have. You will then be asked to sign a consent form.
- During the procedure sedation (medication that will make you feel sleepy) will be given to you through the cannula.
- The procedure takes about half an hour. You will be in the department for a further 2 hours to recover. You can usually eat and drink normally after this time.
- You cannot drive after having sedation and will need someone to have made arrangements for a responsible adult to collect you from your appointment and take you home.

How about afterwards?

Some people will notice improvement in their pain straightaway. If you do not notice any improvement within 24 hours then unfortunately CPN has not worked for you. You should take your regular short acting pain medicines as needed after you have had the CPN procedure.

The day after your CPN procedure you should take half of your usual dose of long acting medicines (to avoid an overdose).

Please contact the doctor or nurse managing your pain medicines the day after your CPN procedure to discuss reducing the dose of your medicine if your pain has improved.

I still have some questions

If after reading this information you have any unanswered questions please ask your doctor before your procedure appointment, or ask us on the day of your procedure.

Contact us

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