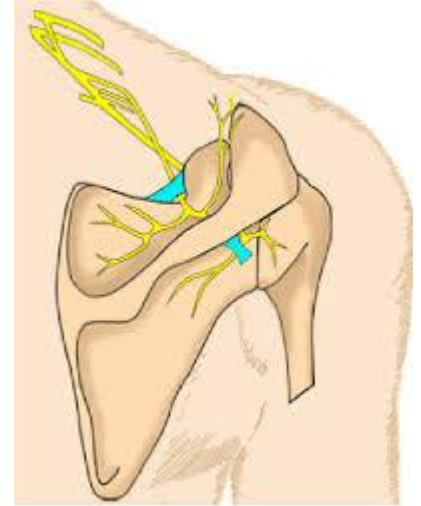


Suprascapular Nerve Block Injections

What is a Suprascapular Nerve Block?

The suprascapular nerve provides sensation to the shoulder joint and innervates some of the rotator cuff muscles. In patients with shoulder pain due to conditions such as osteoarthritis, performing a nerve block injection around the suprascapular nerve can help with reducing pain. The injection normally contains a mixture of steroid and local anaesthetic. Please refer to our [Steroid injection information sheet](#) for more information on the risks and contraindications to having steroid injections.



What happens during the procedure?

An ultrasound scan is used to locate the suprascapular notch, an area that the suprascapular nerve passes through. An injection of steroid and local anaesthetic is performed around the nerve under ultrasound guidance to reduce the risk of nerve or vascular injury. If you have a significant improvement in your pain following the procedure, a different procedure called a suprascapular nerve denervation/ablation can be performed for longer term pain relief. This is typically performed by a pain medicine consultant. Prior to having the suprascapular nerve block injection, you will be asked whether you:

- Are allergic to local anaesthetic, steroids or plasters.
- Have any other serious medical conditions.
- Have been taking antibiotics for an infection.
- You feel unwell on the day.
- If you have had or are planning to have any vaccinations within 4 weeks.
- Are taking any blood thinning medication (e.g. warfarin, aspirin, clopidogrel or apixaban) and when the last time you took this was.

Risks specific to Suprascapular nerve block injections

Alongside the risks associated with steroid injections as found on our [Steroid injection information sheet](#), there are some potential risks that are more common with suprascapular nerve block injections. These include:

- Allergies or adverse reactions to local anaesthetic
- Transient weakness of the muscles around the shoulder - **less than 1 in 100 people**
- Light-headedness or fainting - **less than 1 in 100 people**

- Nausea - **less than 1 in 100 people**
- Transient tingling and numbness in shoulder and arm - **less than 1 in 100 people**
- Lung puncture (pneumothorax) - **1 in 1000 people**
- Peripheral nerve injury (only in cases where imaging guidance is not used) - **less than 1 in 1000 people.**
- Intravascular injection leading to local anaesthetic systemic toxicity – **less than 1 in 1000 people**

After the procedure

We normally advise patients to wait in our waiting area for 30 minutes following the injection to ensure you are feeling well prior to going home.

We advise that you attend the appointment with someone to drive you home afterwards or you use public transport.

Post injection advice

The local anaesthetic will provide pain relief in your shoulder for a few hours. Once this has worn off, you should still notice pain relief from the steroid, however, this can take up to 6 weeks to have its maximum effect.

We normally advise avoiding heavy lifting and other strenuous activities with your shoulder for a couple of days following the injection. Otherwise, you can return to your normal activities as your pain allows you to and slowly work back to doing the exercises previously given to you by your healthcare practitioner. If you have been referred for rehab following the injection, you will likely be given an appointment a few weeks after the injection.

IMPORTANT: If you develop a rash or if the injection site is red, hot, swollen, or painful, you may be developing an infection. Please contact the musculoskeletal team, or your GP. If you are unable to contact either of these and continue to have concerns, please go to A&E.

References for further reading:

Annison, D.R., Smith, N., Salt, E., Noblet, T., Rangan, A. and McDaid, C. (2024). Physical harms associated with suprascapular nerve block interventions in the non-surgical management of acute and chronic shoulder pain: A systematic review. *Shoulder & Elbow*.
doi:<https://doi.org/10.1177/17585732241255679>.

El-Boghdadly, K., Pawa, A. and Chin, K.J. (2018). Local anesthetic systemic toxicity: current perspectives. *Local and Regional Anesthesia*, [online] 11, pp.35–44.
doi:<https://doi.org/10.2147/lra.s154512>.