

Patient Information Sheet – Intravenous lignocaine

Intravenous lignocaine information

Why am I having intravenous lignocaine?

This infusion is carried out to see if this type of drug will reduce the amount of pain that you are suffering. There are studies in the pain literature that suggest in some pain states, especially neuropathic or nerve related pain, that lignocaine may be useful. There are a variety of methods used to assess its potential for use. If this initial infusion is useful and significantly reduces your pain you may be asked to return for repeat infusions. For long-term use, if effective, you may be started on a medication which works like lignocaine- mexiletine. Your doctor will discuss this with you. If you have little or no pain on your appointment date, please contact the Pain Clinic for advice (see below for details).

What is a lignocaine infusion?

Lignocaine is a drug that is used for local anaesthesia and stabilising heart rhythm problems. It may also have pain-relieving properties. You will be given the drug slowly through a drip in the back of your hand or arm. The initial infusion takes approximately 4 hours and during this time you will be attached to a heart rate and blood pressure monitor.

The nurse will ask you to measure your pain on a scale by indicating verbally which best describes the intensity of your pain at the beginning and end of the infusion. (0 = No pain to 10 = Worst pain you can imagine)

How will I feel afterwards?

You may experience the following symptoms during and after the test dizziness, drowsiness, altered taste, ringing in your ears, twitchiness, palpitations and nausea and vomiting. These side effects are usually short lived, but occasionally they may be more troublesome. Please tell the nurse or doctor if you experience any these symptoms.

You should be able to return to your normal activity the following day, although you should not drive or drink alcohol for 24 hours following the procedure

Are there any risks involved in a lignocaine infusion?

There is an element of risk involved in all the procedures and treatments that you may have at the pain clinic. However you should remember that these risks are usually minimal. Your doctor will discuss these fully before your procedure and will be happy to answer all your questions. You will need to complete a patient consent agreement prior to the infusion. As lignocaine acts on the brain and heart, there are rare risks of problems with altered sensation, sedation, twitchiness, seizures, and heart rhythm problems. You will be monitored on a special monitor for the duration of the study.

What happens afterwards?

The Pain Nurse will phone you between 2-5 days after the infusion and ask about the level of pain and how you are feeling. Depending on the results, you may be asked to return for a repeat infusion, you may be asked to return to the clinic to see the pain specialist or you may be referred back to your own GP. In many cases the lignocaine has no important effect, and as such there is no indication to repeat the infusion or commence oral mexiletine. Your pain specialist will communicate the plans to both yourself and your GP and if you have any queries please contact the Pain Services.

Who should I contact if I have any problems following treatment?

You can contact the Pain Clinic on **09 486 8972** between 9-3pm, Monday to Friday. Outside these hours you should contact your own GP or if you have severe symptoms please present to the ED of either NSH or Waitakere Hospital. Before you leave we will give you a discharge letter and if you need to present to your GP or ED please take this with you.