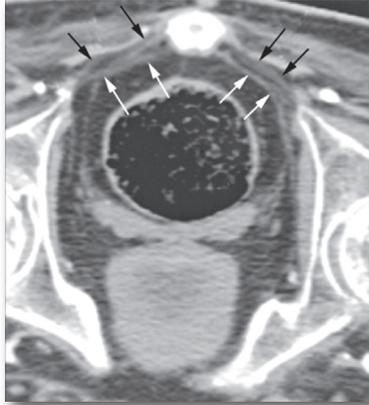


Pudendal Neuralgia

Pudendal neuralgia is pain/discomfort in the **pudendal nerve**. This includes the external genitals, urethra, anus and perineum. The pain is often caused by mechanical/inflammatory damage to this nerve. Specific symptoms include vague pains, stabbing pains, burning sensations, numbness, twisting, “pin pricking”, cold sensations and pulling sensations. Pain may extend as far as the groin, inner leg, buttocks and abdomen. Symptoms may occur on one or both sides of the body.



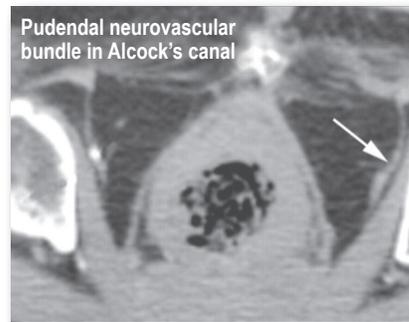
The pudendal nerve runs between the sacrospinous (white arrows) and sacrotuberous (black arrows) ligaments.

The skin overlying the pudendal nerve region may be sensitive even to the slightest touch, a problem that is usually exacerbated in the sitting position. Activities such as cycling, riding, and long drives can trigger symptoms. Urinating and bowel function may be abnormal as well as painful. Sexual intercourse may also be a cause of discomfort.

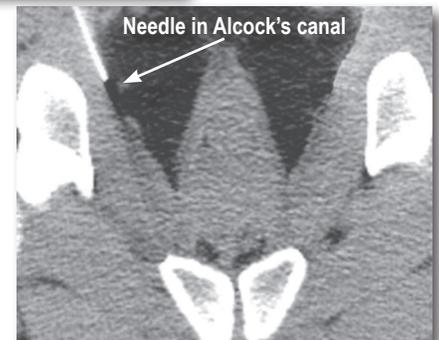
The most important test performed to diagnose pudendal neuralgia is an image-guided pudendal nerve block. For this study, the nerve is blocked by local anesthesia to determine whether symptoms can be eliminated by numbing the nerve.

A treatment option for pudendal neuralgia is image-guided anesthetic and steroid blocks. Symptoms often return as the local anesthesia wears off, however, the steroid may or may not relieve symptoms for a longer term. The purpose of the steroid is to reduce inflammation and allow more room for the nerve to glide freely. If the steroid is effective, symptoms usually begin to improve about 2 weeks after the block with improvements continuing for up to 4 to 5 weeks.

Two or three blocks may be sufficient, alone, to cure the problem. However, after the injection, there might be a temporary worsening of symptoms for 2 to 10 days prior to experiencing favorable results. If following treatment, the nerve is still suspected to be compressed, some physicians will decompress the nerve through surgery. Surgery is rarely performed for this condition.



Pudendal neurovascular bundle in Alcock's canal



Needle in Alcock's canal

The neuroradiologists and physician assistants in the Division of Diagnostic and Interventional Neuroradiology at the University of Rochester Medical Center/Strong Memorial Hospital will answer any questions you may have before they perform your procedure. If you do have any questions or concerns, please ask during your pre-procedure interview or call us ahead of time at 585-275-5142.

yoUR imaging. yoUR location. yoUR Radiologist.