

Visceral Nerve Blockade in Refractory Pelvic Pain After Ileal Conduit Diversion: A Case for Multidisciplinary Strategy

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Introduction

- Chronic pelvic pain in patients with congenital urologic anomalies and extensive reconstruction presents therapeutic challenges due to altered anatomy and mixed pain mechanisms.
- By targeting specific visceral pathways, superior hypogastric plexus (SHP) and celiac plexus blocks can provide site-specific pain relief in patients with surgically altered or anatomically complex presentations.
- We present a 40-year-old male with bladder exstrophy, ileovesicostomy, neurogenic bladder, and phalloplasty who experienced significant pain relief from SHP and celiac plexus blocks after multiple failed pharmacologic and surgical interventions.

Case Report

- Pain was characterized by left-sided ureteral, testicular, and suprapubic stinging—exacerbated by eating and genital stimulation, and partially relieved by fasting and abstinence.
- Pain was refractory to pelvic floor therapy, dietary changes, and bladder irrigation with analgesics and pharmacologic options.
- An initial SHP block in March 2023 provided several months of relief. A repeat SHP block in April 2025 provided six weeks of significant improvement.
- Given his ileal conduit, conceptual discussion with urology emphasized the importance of targeting afferents from the ileal segment. A celiac plexus block was then performed with additional reduction of the patient's abdominal pain. The complementary nature of both blocks was critical in addressing multifocal pain generators. The patient is now considering radiofrequency ablation.
- The patient's response to visceral nerve blockade underscores the diagnostic and therapeutic role of targeted interventions in this anatomically complex population. It also illustrates the potential benefit of close collaboration between pain management and surgical teams when standard approaches fail.

Discussion

This case highlights the utility of visceral plexus blocks in patients with chronic pelvic pain following extensive urologic reconstruction. Collaborative planning with urology identified the ileal conduit as a potential pain source, prompting a tailored approach. Despite altered anatomy, SHP and celiac plexus blocks provided meaningful relief, demonstrating that targeted visceral nerve interventions is important in patients with complex surgical histories.

References

