Learning Objectives
Our learning objectives are to describe the procedural steps in superior hypogastric nerve block (SHNB) in patients undergoing uterine fibroid embolization (UFE) and to instill confidence in the procedure.

Background
The superior hypogastric nerve consists of loosely organized autonomic fibers of the pelvic viscera, and is located between the common iliac arteries, immediately anterior to the fifth lumbar vertebral body and the sacral promontory (Figure 1).\(^1,2\) SHNB alleviates visceral pain due to pelvic cancer and UFE with few to no complications.\(^3,4\) Percutaneous SHNB may be performed using a posterior or anterior approach and guidance from a variety of imaging modalities. Anterior approach under fluoroscopic guidance for UFE has been described twice in the literature.\(^4,5\) Using this approach, Rasuli \textit{et al.} achieved sufficient pain control that UFE patients were then observed for 6 hours before discharge, with 5% of patients returning to the hospital for pain. Despite these data, patients undergoing UFE are often admitted for 23-48 hours peri-procedurally with poor pain control, and there is little trainee exposure to SHNB.

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Procedure Details
Prior to obtaining access for UFE, the periumbilical abdomen is also prepared and draped in usual sterile fashion. UFE proceeds routinely with the patient in supine position until the arterial catheter procedure. Attention is turned to the umbilicus, and lidocaine is infused along the anticipated needle tract to the anterior peritoneal lining. A 22 g needle is then advanced through the peritoneum, reaching the anterior vertebral body immediately inferior to the aortic bifurcation (Figure 1). \(^1\) SHNB alleviates visceral pain due to pelvic cancer and UFE with few to no complications.\(^3,4\) Percutaneous SHNB may be performed using a posterior or anterior approach and guidance from a variety of imaging modalities. Anterior approach under fluoroscopic guidance for UFE has been described twice in the literature.\(^4,5\) Using this approach, Rasuli \textit{et al.} achieved sufficient pain control that UFE patients were then observed for 6 hours before discharge, with 5% of patients returning to the hospital for pain. Despite these data, patients undergoing UFE are often admitted for 23-48 hours peri-procedurally with poor pain control, and there is little trainee exposure to SHNB.

Teaching Points
SHNB can be easily achieved as a separate procedure accompanying UFE and conscious sedation, resulting in reduced pain, decreased narcotic administration and fewer hospital hours.

Selected References
1. All images courtesy of Dr. Spencer and RIA Endovascular, except as otherwise noted.