

CONTINUOUS PERIPHERAL NERVE BLOCK (CPNB)

Information for Patients and Families

WHAT IS A CONTINUOUS PERIPHERAL NERVE BLOCK (CPNB)?

A CPNB is an option for pain control after surgery to reduce the amount of pain you experience. It can also sometimes reduce the amount of pain pills you will need. These pain pills can have side effects such as nausea, constipation (can't have bowel movements), headaches, confusion, and feeling dizzy.

A CPNB uses local anesthesia medicine to 'numb' or 'freeze' the part of your body where you have had surgery to reduce the amount of pain you feel. Local anesthesia medicine is given to you by placing a small catheter (a thin tube) under your skin near the site of the surgery before your procedure.

The catheter stays under the skin for 1 day after surgery (or longer if specified by the anesthesiologist). This is when your pain levels are the highest. Based on your surgery and your overall health, your anesthesiologist (pain doctor) and surgeon may offer you a CPNB for pain control.



HOW THE CPNB WORKS

The goal of the CPNB is to provide local anesthetic medicine to the nerves that would carry the 'messages' of pain from the part of the body where you had surgery. When the nerves are blocked, the pain messages are not sent to your brain. The goal is to continue to block these pain messages for approximately 24 hours after surgery when the pain is at its worst.

Once the catheter is in place, the medicine is delivered automatically. Patients do not adjust or manage the CPNB medicine in any way.



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HOW IS A CPNB DONE?

During your Pre-Admission Clinic visit, an anesthesiologist will assess your health and whether you are able to have a CPNB. The anesthesiologist, with your informed consent, will determine whether or not you should have a CPNB to control your pain after your surgery.

POTENTIAL RISKS OF A CPNB

Patient safety is our foremost concern. You have been given the option to choose a CPNB after careful thought by your surgeon and anesthesiologist. Despite all efforts to prevent harm, a small risk is always possible with all procedures. These include: infections, bleeding, or adverse reaction. Your anesthesiologist will speak to you about the specific risks.

SPECIAL NOTES

You will likely still have some pain – The pain messages from the site of surgery are blocked when the local anesthetic is around the nerves. In some cases, there are many nerves that are affected by the surgery, and not all can be ‘numbed’ by the catheter. **For some types of surgery, not all your pain will be taken away by the catheter alone.** Specific information will be provided by your anesthesiologist about the effects of the catheter for reducing pain after your surgery.

You will still need to take some pain pills –The benefit of the CPNB is that you will not need to take as many pain pills, and your pain sensation will likely be less severe. However, the use of pain pills after the surgery is a very important part of your overall pain control plan. You will get detailed instructions before you go home and it is important that you follow the instructions closely.

While you have a CPNB you will not feel heat, cold etc in that part of your body - The area with the CPNB will not send signals about injury from heat, cold, pressure, or other feelings until the catheter is removed and the freezing has worn off. Do not put cold or hot packs on the area with the CPNB. You may also feel weak in the area where the catheter is placed since both feeling and strength are often affected. Protect the site of the catheter and surgery at all times. Check the area to see if it looks ‘normal’ (is not puffy, red, oozing etc). Patients should not drive or operate machinery while the CPNB catheter is in place.

MAKING YOUR DECISION

Having a CPNB is your choice. Once you have learned about your choices for pain control and had your questions answered, you can decide if you want a CPNB.

For more information or questions about the CPNB please ask your Royal Victoria Regional Health Centre’s care team staff member.

IF YOU DECIDE TO HAVE A CPNB:

RVH-2405 07-August-2020

Page 2 of 4



R.PIP

CONTINUOUS PERIPHERAL NERVE BLOCK (CPNB)

Information for Patients and Families

- The day of your surgery before you go in to the operating room you will be brought into the Block Room where the CPNB catheter will be put in.
- The anesthesiology team will review the CPNB plan with you.
- Your skin will be cleaned with sterile wash.
- You will likely get a mild sedative (medication to help you relax).
- With the use of ultrasound (to 'see' under your skin), the anesthesiologist will numb your skin with local anesthetic medicine.
- They will place a small catheter into the 'numbed' area to be near the nerves that send the pain signal from the site of surgery.
- Once in place, the catheter will be secured to your skin under a sterile bandage.
- After your surgery while you are in the recovery room, a medication bottle will be attached to the catheter and a prescribed amount of medication will run through the catheter to help manage your pain.

WHAT TO EXPECT AFTER YOU LEAVE THE HOSPITAL

Questions: The day after surgery you will be contacted by a member of the Anesthesiology Pain Team for follow-up at the telephone number you gave to the hospital. If you have any concerns, you can also call the hospital 24 hours a day at the telephone number provided.

Keep the dressing on: While the catheter is in place, keep the area clean and dry. Keeping the area dry will keep the catheter in place and stop it from becoming loose.

Bathing: Sink baths (washing yourself with a cloth but not in water) are ideal for cleaning your body. Do not bathe or shower because you might soak the dressing.

Small amounts of fluid or blood on the dressing: Sometimes small amounts of fluid or blood show through under the dressing – this is normal. If you have any concerns about what you feel may be too much fluid, contact the hospital at the telephone number provided.

The medication bottle:

RVH-2405 07-August-2020

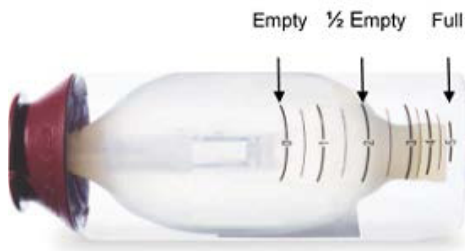


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CONTINUOUS PERIPHERAL NERVE BLOCK (CPNB)

Information for Patients and Families

- Keep the medication bottle close to the peripheral nerve block catheter using the provided carrying case.
- Keep the medication bottle at room temperature: Do not expose the medication bottle to extreme heat or cold.
- Changes in the medication bottles height (high or low) and big temperature changes, can affect the speed at which the medication is running.



REMOVING THE CATHETER

About 24 hours (1 day) after your surgery (or later if specified by the anesthesiologist), you can remove the catheter. Removing the catheter is a very simple, non-painful process. An informational booklet with complete instructions on how to remove the catheter, will be sent home with you when you are being discharged from the hospital. However, if you would like help, you can call the hospital at the phone number provided and they can assist you by telephone. Once the catheter is removed, the catheter, tubing and medication bottle are thrown in the garbage.

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Contact Information:

Surgery 2 Nursing Station

24 hour a day

Phone: 705-728-9090 ext 46888

You will speak to a surgical nurse who will help answer your questions. If the nurse feels it is required, they will reach out to a doctor on the Anesthesiology (pain) team to help.

