
A Final Word

Our department is keeping up with the advances of modern medicine and pain control, and it is our wish to provide patients with the best possible care. Regional Anesthesia is becoming well recognized by the public as a safe and effective addition to your recovery. Please do not hesitate to ask your Anesthesiologist or Surgeon any questions about your upcoming surgery. We will not force you to have a block, but in certain patients with health concerns, a block is less risky than a general anesthetic.

References

This brochure was written by Dr. Amy Thiele-Kuntz with input from colleagues of the Department of Anesthesia, Royal Victoria Regional Health Centre Barrie.

Selected items with permission from:

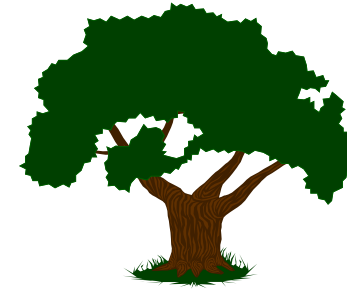
The Canadian Anesthesiologists' Society webpage "information for the public"

http://www.cas.ca/public/patient_info/



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Regional Anesthesia
Upper and Lower Extremities

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Regional Anesthesia–Good

What is a Nerve Block?

For many types of operations, the region of the body to be operated on can be numbed beforehand using freezing medicine (also known as local anesthetic). This is called “Regional Anesthesia” or a “Nerve Block”. Local anesthetics work by stopping/blocking the pain nerves from sending signals to the brain and spinal cord for several hours. This is great for surgery but especially for pain control after your operation. A “block” can allow your surgery to be performed without the need for general anesthesia. However, a ‘block’ is usually combined with sedation, a lighter general anesthetic, or in the case of knee surgery, a spinal anesthetic. These are offered so you can be very drowsy and relaxed during surgery but also allow you to wake up more quickly and with fewer side effects. In blocks for the arm or leg your Anesthesiologist injects anesthetic with a tiny needle into the neck or upper leg. The freezing in the neck area numbs many nerves at once, especially those around the shoulder, upper arm and into the hand. This works well for shoulder, rotator cuff, elbow, forearm and hand surgery. Nerve blocks in the upper leg area work very well for knee surgery. Nerve blocks behind the leg work well for ankle and foot surgery.

What should I expect?

The way it’s done is very simple. First, you will have an intravenous started and some standard monitors attached. If you’re very anxious, you can be given a sedative. You will lie on a bed and the nerve area to be blocked cleaned with an antiseptic. A little bit of freezing is given to you to numb the skin. A nerve stimulator and sometimes a painless ultrasound are used to find the nerves to be blocked. As we get closer to the right place, your arm/or leg will “twitch”. (Continued on next page)

What should I expect? Continued

This is not painful. When close enough to the nerves to be blocked, the Anesthesiologist will slowly inject the local anesthetic. It takes about 10-30 minutes to work fully. In the meantime, your Anesthesiologist will start a light general and/or spinal anesthetic for your comfort. You won’t be “watching” or “hearing” your surgery.

What do I do when I get home or to the ward?

Most blocks last 6-20hours. It is very important that when your limb is numb, that you do not leave it lying on anything hard or sharp. Keep your limb well padded with pillows. When you start to notice the effects of the freezing wearing off, it is very important to start taking oral pain medicines prescribed to you. By the time the numbness has gone, so you are not too sore. Start your pain medicines when you start to feel the freezing wearing off. You will temporarily need crutches to get around with a numb leg.

What are the possible side effects?

Extremity blocks are very safe. Sometimes the block fails to take effect fully, but still helps reduce overall pain. For a shoulder block, some of the other nerves in the neck may get frozen which temporarily leaves you with a droopy eye, stuffed nose, hoarse voice, or weak breathing muscle which does not harm people with normal lung function. There is a very rare risk of lung puncture. There is an extremely low chance of the freezing seeping into spinal cord fluid. For all blocks, there is a very rare risk of allergic reaction, seizures and nerve damage leading to limb weakness, permanent pain or numbness. If you have any suspicious limb numbness or weakness more than 24 hours after a block, or if you have shortness of breath, seek advice from your Anesthesiologist immediately through the hospital switchboard (728-9090 and ask for anesthesia on call).