

## Lower limb nerve block information sheet

**TAKE HOME PLEASE**

Hospital sticker	Psoas comp. block	
	Femoral block	
	Lat. femoral cut. block	
	Saphenous block	
	Obturator block	
	Sciatic block	



A lower limb nerve block (regional technique) can be given for one of the following possible reasons:

1. As anaesthesia for your orthopaedic operation of your hip, leg or foot.
2. As pain relief after your orthopaedic operation of your hip, upper leg, knee, lower leg, ankle or foot.

Although the most common method for regional anaesthesia of the lower limb is a spinal or epidural (neuraxial techniques), there is a place for the use of the lower limb nerve block. This is a very safe and effective method of pain relief and may require multiple injections, with the added benefit of avoiding a total sympathectomy associated with the neuraxial techniques. These blocks are administered through an injection of local anaesthetic in the groin, through or below the buttocks, behind the knee joint or around the ankle depending on the type of lower limb nerve block and if it is administered alone or in combination. The block is administered by your anaesthetist who uses special techniques, needles and equipment, which may include an ultrasound machine and/or a nerve stimulator to determine the precise location of the nerves. The nerve supply to the lower limb includes two big components, namely femoral and sciatic nerves. We sometimes block individual nerves lower down the leg. You can expect to experience complete/partial numbness of the affected limb/area for a period of 8-12 hours, but the duration differs for each patient and can be as long as a day.

Please ask the anaesthetist during the pre-operative visit to clarify any uncertainty you may have. *It is your right to refuse consent to a regional procedure.*

Anaesthetists exercise extreme care in administering lower limb blocks but, as with any medical procedure, complications can occur. The following complications are possible:

### **Common complications:**

1. **Motor block:** While we intend to block only the pain fibres we inadvertently also block the fibres that control movement.

Your leg will most likely feel heavy or lame when you wake up from anaesthesia.

2. **Failed block:** It is possible that the block fails due to mechanical reasons or local factors like obesity or previous surgery. Therefore the block will provide insufficient pain relief and alternative pain methods will be employed.

### **Rare complications:**

1. **Haematoma:** Because there are a few large blood vessels in the area, it is possible that one of them can be punctured while performing the block and there is a small chance that a haematoma (blood clot) can be formed. The presence of a venous graft or previous replacement surgery is a relative contra-indication for a block in the same area.
2. **Local discomfort:** Sometimes it is necessary to go through some tissue, like that of the buttocks to reach the nerves and this can cause some local discomfort afterwards but it is of short duration.

### **Very rare complications:**

1. **Intravenous administration:** There is a small risk that the local anaesthetic can be injected directly into the bloodstream which can lead to convulsions or heart dysrhythmias. Extreme care is exercised to prevent this complication.
2. **Sepsis:** Although we use an aseptic technique, the possibility of a surface infection or abscess exists.
3. **Nerve damage:** This is possible through the insertion of the needle but is unlikely with the use of ultrasound and/or nerve stimulator.
4. A few other extremely rare complications have also been documented in literature.