

Upper limb nerve block information sheet

TAKE HOME PLEASE

Hospital sticker	Interscalene block	
	Supraclavicular block	
	Infraclavicular block	
	Axillary block	
	Distal peripheral block	



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

1. As anaesthesia for your orthopaedic operation of your arm or hand.
2. As pain relief after your orthopaedic operation of your shoulder, arm or hand.

This nerve block is administered through an injection of local anaesthetic at the side of the neck between the interscalene muscles, just above/below the clavicle (collar bone) or at the upper arm. This is a very safe and effective method of pain relief for the shoulder, arm or hand. 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 bundle of nerves that supply the shoulder, arm and hand originates in both sides of the neck. We sometimes block individual nerves lower down the arm. 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. If you are booked for shoulder surgery please remember to tell your anaesthetist if you chronically experience pins and needles or pain in any part of the arm or hand.

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 upper limb nerve blocks but, as with any medical procedure, complications can occur. The following complications are possible:

Common complications:

3. **Motor block:** While we intend to block only the pain fibres we inadvertently also block the fibres that control movement. Your arm will most likely feel heavy or lame when you wake up from anaesthesia. Please do not hang your arm from the side of the bed as this can cause permanent nerve damage.
4. **Horner syndrome:** This happens generally when the other nerves in the area are also blocked. Commonly we see on the

side of the block, a drooping eyelid, a blocked nose, small pupil, dry cheek, hoarse voice and sometimes shortness of breath in which case we send you to the ward with some oxygen. As the block wears off, these symptoms will disappear.

5. **Failed block:** It is possible that the block fails due to mechanical reasons or local factors in your neck or previous neck 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 that area of the neck, 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.
2. **Local discomfort:** Sometimes it is necessary to go through some of the neck tissue 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. **Pneumothorax:** Because the lung is situated close to the area of injection, it is possible that it can be punctured. In case of this unlikely event you will experience shortness of breath and intense chest pain, especially when breathing. An underwater tube will be placed in your chest to help you breathe.
3. **Spinal or epidural:** The spinal cord is also close to the area of injection and if a spinal or epidural space is accidentally injected, it can cause temporary lameness.
4. **Sepsis:** Although we use an aseptic technique, the possibility of a surface infection or abscess exists.
5. **Nerve damage:** This is possible through the insertion of the needle but is unlikely with the use of ultrasound and/or nerve stimulator.
6. A few other extremely rare complications have also been documented in literature.