Will I be awake during surgery?
Not unless you want to.
Most patients can safely receive some medication, which will make them relaxed and sleepy during surgery.

Do all patients receive a Nerve Block?
About 50% of patients having arm, hand or lower limb surgery at Mid-Western Regional Hospitals will have a nerve block. This depends on you, your anaesthetist and surgeon.
The remaining 50% may need a general anaesthetic alone, or in combination with a nerve block due to their specific surgery or certain medical conditions.

How do I take care of my leg or arm afterwards?
You may go home prior to return of sensation and muscle strength. Taking the following easy steps will keep your limb safe.
➤ Protect the arm with a sling for 24 hrs or overnight until the block has resolved (i.e. ensure that you have normal muscle strength and sensation before removing the sling).
➤ Your leg is numb and weak so do not mobilize or get out of bed without help and use crutches until the block has resolved.

➤ Do NOT SMOKE until block has resolved (i.e. normal muscle strength and sensation).
➤ Avoid contact with open flame or heat source (electric blankets, cooking, matches, etc).
➤ Do take prescribed analgesics BEFORE sensation (and pain) returns to the limb.

If you experience any problems, contact the Mid-Western Regional Hospital (061-301111) and ask to speak to the Anaesthetist on call.

This pamphlet was prepared by the Department of Anaesthesia and Pain Medicine, Mid-Western Regional Hospitals, Limerick.
What is a Peripheral Nerve Block?

This is an injection of local anaesthetic (freezing medication) near the nerves, which go to the area of your surgery.

Depending on the site of surgery the injection can be given for example in:

- **THE LOWER PART OF THE NECK**
- **ABOVE AND BELOW THE COLLARBONE**
- **IN THE ARMPIT OR GROIN**
- **BEHIND THE KNEE OR AT THE ANKLE**

This local anaesthetic then causes the area of surgery to become completely numb and paralyzed temporarily for up to 18 hours.

Sometimes a small plastic tube (catheter) is inserted through the needle and left in place. With this catheter we can give local anaesthetic for up to 3 days, thus keeping you pain free for that period of time.

A nerve block is an ideal anaesthetic for upper and lower limb surgery and allows you to be comfortable during and after your surgery.

### How is it done?

**Before the nerve block, you may be given medicine in your intravenous drip to make you feel sleepy and more relaxed.**

- Your skin is cleaned with a special soap.
- Local anaesthetic is used to make the skin numb.
- A small hand-held machine called a nerve stimulator may be used to help find the nerves that will be frozen for the surgery.
- Ultrasound can also be used to see the nerves.
- After the nerve is found, a needle is put into your (numb) skin near the nerve. Medicine is put through the needle and then the needle is removed.
- Sometimes a small plastic tube (catheter) is inserted through the needle and left in place.
- Your arm or leg becomes numb.

### Advantages of this type of anaesthetic (over general anaesthesia) include:

- A lower chance of having breathing problems around the time of surgery.
- No sore throat after surgery
- Less chance of confusion or disorientation after surgery.
- Less nausea and vomiting.
- Better pain relief.
- Faster recovery from your anaesthetic.

### Are there any potential risks of Nerve Block Anaesthesia?

**Complications of Nerve Block are rare.**

- Permanent nerve damage is the most serious complication but is very rare (1 in 5000).
- If the “numbing” injection is being performed around the collarbone then there is a very rare risk of accidental puncture of the lung (Pneumothorax).

**General anaesthesia (where you go asleep for surgery) is also usually safe for most patients.**

- With general anaesthesia there may be a risk of dental damage, particularly if any of your teeth are loose.
- Many patients complain of a sore throat for a period of several days after general anaesthesia.
- A severe reaction or death from a general anaesthetic is also very rare (1 in 100,000 patients).