

Arm or Hand Surgery Using a Nerve Block

Patient Information

Anaesthetic Services



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<https://www.wvl.nhs.uk/patient-information-leaflets> or scan the QR code.

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Having a nerve block for your operation

For your operation, you may be offered a type of anaesthetic called a “nerve block”. A nerve block is an injection of local anaesthetic around nerves that makes your arm (or part of it) numb. This is a safe and effective type of anaesthesia. Nerve blocks can be combined with general anaesthetic to provide pain relief after the operation, or they could be used as an alternative to general anaesthetic. Your anaesthetist will explain to you everything that is involved in having a nerve block.

Having your operation on the block-only list

If you are happy to have a nerve block for your hand or arm surgery, there is an option of having the surgery completed without sedation or a general anaesthetic; the risks and benefits are discussed below, your anaesthetist can expand on this. For this specific operation list, the ‘Nerve Block-Only’ list, there is no option for a general anaesthetic or any medication that may make you feel sleepy (sedation), so you will be awake for the operation. This means you will avoid any side effects from a general anaesthetic or having sedation. Should there be a reason on the day of your operation that it is not possible to complete the operation under a nerve block without general anaesthetic or sedation, then we may need to reschedule your operation for another day.

What are the benefits of having a nerve block?

- Better pain relief after surgery, which can last between 6 and 24 hours.
- Less need for strong painkillers which may cause drowsiness / sickness.
- Shorter recovery period.
- General anaesthetic is avoided, with its side effects including sickness, drowsiness and sore throat. You will be able to eat and drink immediately after surgery.
- Often able to leave hospital sooner.

What are the side effects/risks?

As with any procedure, a nerve block is associated with risks, but serious complications are very uncommon. Some of the potential complications are listed below:

- Injection in the side of the neck: hoarse voice, droopy eyelid, some difficulty breathing. These resolve as the block wears off.
- Injection around the collar bone: less than 1 in 1000 risk of causing a collapsed lung.
- All injection sites: damage to a blood vessel which usually resolves with simple compression to stop any bleeding.
- Very rarely: having a fit or another life threatening event may occur. Your anaesthetist will manage these promptly.
- Nerve damage (causing arm numbness or weakness)

- There is a risk of nerve damage after any operation, regardless of whether you have had a block. This can be due to the operation, the position you lie in or the use of a tourniquet (tight band on the arm which prevents bleeding during the operation).
- The risk of long-term nerve damage caused by a nerve block is difficult to measure precisely. Studies show that it happens in between 1 in 700 and 1 in 5,000 blocks.

Incomplete block:

- Sometimes the block does not work fully. Your anaesthetist will deal with this appropriately. You may be offered an extra injection of local anaesthetic.

How the nerve block is performed

- The injection site can be either at the side of your neck, near your collar bone or under your armpit, depending on the type of surgery. So you should be able to lift your arm at the shoulder joint by 90 degrees - if not the Anaesthetist can see you in a pre-operative clinic to see whether the nerve block can still be done.
- An ultrasound scanner is used to view the nerves.
- The injection site will be cleaned and local anaesthetic given to numb the skin, before more is injected to surround your nerves.
- Sometimes a nerve stimulator is used, which feels like a gentle twitching.
- Your shoulder and arm will gradually become heavy and numb over about 15-30 minutes.

Having an operation under a nerve block only

Your operation will not start until your anaesthetist is sure that the block is working effectively. You will remain completely awake for the surgery. A member of anaesthetic staff will stay with you all the time. During surgery, it is normal to feel some movement or touch, but you shouldn't feel any sharp discomfort or pain. If you do, please let a member of staff know, so that it can be immediately dealt with. You should also be able to lie relatively flat for about 1 hour for the surgery; if not, you can see the Anaesthetist before the operation in a clinic to decide whether this is still a suitable option for you. If you are having elbow surgery, for the operation you may have to lie on the side which you are not having the operation on.

What will happen after the operation?

- During the time the block is working, your arm will be numb and you will not be able to use it. This is usually between 6 and 24 hours, occasionally longer.
- Keep your arm in the sling provided.
- Do not sleep on your anaesthetised arm.

- Avoid use of any machinery or domestic appliances, be careful around heat sources - injury is possible while you cannot feel your arm.
- The numbness will eventually wear off and the sensation in your hand or arm will return – you may get a pins-and-needles sensation in your arm as the anaesthetic wears off.
- You need to start taking regular painkillers before the block wears off (in the afternoon and before bed) – this is very important, as the pain can appear quite suddenly.
- The Anaesthetic Team would like to give you a call after the surgery to see how the nerve block worked; please make sure the secretary you see on admission has the best number to contact you on the day after surgery. Please let us know if you would not like to be contacted. The main questions the Anaesthetic Team will ask are:
 1. Did you notice any side effects of the nerve block?
 2. When did you first notice sensation returning?
 3. When did you first experience pain?
- Your arm will become swollen after the surgery; advice on care for your arm or hand can be found in the 'Ward One Discharge Advice' leaflet given to you on discharge. Your arm should remain warm to touch and your nail beds should remain pink. Please keep your arm elevated and try to keep the dressing intact and dry. Any concerns please contact the ward or therapy department for advice.

Upper and Lower Limb Physiotherapy: **01257 256307** between 8:30am and 5pm
 Hand Therapy Unit: **01257 256274** between 8:30am and 5pm.

Any further questions

Your anaesthetist will be happy to answer any questions you have. Also, the following website can give you more information:

Acknowledgements

www.rcoa.ac.uk/patientinfo - see leaflet about nerve blocks for surgery on the shoulder, arm or hand. <https://www.rcoa.ac.uk/system/files/10-BrachialPlexusBlock.pdf>

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request.

For more information, please ask in the department/ward.

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