Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Regional Anaesthesia for Upper Limb Block Only Surgery v1

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Regional Anaesthesia for Upper Limb Block Only Surgery

Patient Information

Musculoskeletal (MSK) / Specialist Services

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Introduction

Surgery on the elbow, arm, wrist and hand can be performed by Brachial Plexus Block. This is done by numbing nerves either in the armpit or near the collar bone of the operating arm. These nerves carry pain and other sensations from the upper limb to the brain and supply power to move it. The procedure to numb the nerves is called a nerve block. A nerve block in the arm pit is called an axillary block, and if done near the collar bone is called a supraclavicular block. Your Anaesthetist will choose which block will be performed to numb your nerves.

Procedure

- You will be taken to the anaesthetic room and routine monitoring will be attached to you like electrocardiogram (ECG) leads, blood pressure cuff and a pulse oximeter probe
- An intravenous cannula will be inserted in your non-operating hand to give you fluids or antibiotics if required
- For an axillary block you will lie flat on the bed with operation arm stretched on your head
- For a supraclavicular block you will lie flat with your operation arm by your side
- Skin in the block area will be cleaned with a cold antiseptic spay
- Ultrasound scan will be used to locate the nerves in the block area
- Small injection of local anaesthesia will be given in the skin to numb it
- A thin block needle will be inserted through the numbed skin to reach the nerves and an injection of local anaesthetic will be given to numb the nerves
- Your arm will start to feel warm, heavy and numb very soon after it. It can take up to 30-45 mins for your arm to go fully numb and be ready for surgery
- If your arm does not start to go fully numb soon, your Anaesthetist may repeat a further

injection at the same place or another place near to the first place

- Alternately, if your arm does not go fully numb, your surgeon can inject more local anaesthetic at the site of surgery to make it numb

- Numbness in your arm will be tested with a very cold spray. Inability to feel cold in the operation area means you will not feel pain in that area

- You may be able to move some muscles in your fingers and hand. Your Anaesthetist will check your arm before taking you through for your surgery

- A tight band will be applied on your upper arm to stop blood flow down below for better vision at the surgical site. You may feel it tight initially and will get used to its sensation soon after. If it feels painful, please let the Anaesthetist know so they can help to ease this pain

- A member of staff will sit by you and your Anaesthetist remains close to you throughout the surgery

- You will be fully awake during surgery and may feel sensations of touch, pressure and movement, but will not feel any pain

Advantages of a Nerve Block

- It is safer for patients with multiple medical problems affecting their heart, lungs, kidneys and brain

- It is better for patients with Diabetes as they can go back to their oral / injection medications

- It is better for the elderly as it avoids post general anaesthetic confusion disorders

- It provides better pain relief and reduces the need for strong pain killers after surgery, which can make a person quite sick and unwell

- It avoids general anaesthesia and the potential risks associated with it like a sore throat, sickness, drowsiness, damage to lips and teeth, serious allergy during anaesthesia and chances of a serious allergy to any medication

- Patients are able to drink and eat soon after surgery

- Patients are able to go home soon after surgery

Complications

Nerve blocks around the collar bone or arm pit are safe but sometimes they can cause some complications. Fortunately, many of them are rare.

- Infection at the injection site (rare)
- Bleeding and bruising to the injection site, which can be resolved by compression
- Reaction to local anaesthetic medication (rare)
- Breathlessness if the nerve block is performed near collar bone. This could be treated with administering you extra oxygen. It may delay your discharge if you continue to need oxygen after your surgery
- Puncture of lung on the side of block, with block injection near your collar bone. This can cause breathlessness and may need insertion of a plastic tube in your chest called a chest drain. The chances of a lung puncture are reported as 4 in 10,000 patients or less (in some studies)
- Temporary nerve injury. Symptoms of nerve injury include numb patches of skin, weakness in your arm, or persistent pain in areas distant from the operation site. It can present in up to 15% of the patients having a nerve block. Reassuringly, this rarely results in permanent injury, with the incidences significantly reducing over time. The incidences vary from 0–2.2% at 3 months, 0–0.8% at 6 months, and 0–0.2% at 1 year
- Permanent Nerve Injury. 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 upper arm which prevents bleeding during the operation), swelling around the operation site or a pre-existing medical condition, such as diabetes, may also contribute to nerve damage. The risk of permanent nerve damage is small (between 1 in 2000 – 1 in 5000 patients)

- Failure for the arm to go fully numb even after additional local anaesthesia injections. As we do not have a facility on this block only list to give you a general anaesthesia, your operation will be postponed for another day

If you experience numb patches of skin, weakness in your arm, or persistent pain in areas distant from the operation site, 48 hours after your surgery you should contact the hospital for assessment.

Contact Details

If you have any concerns, you can contact the ward team

Telephone: 01257 256276 or 01257 256401

Further information about the risks of nerve damage can be found in the following document online (produced by the Royal College of Anaesthetists):

https://www.rcoa.ac.uk/patients/patient-information-resources/leaflets-video-resources/peripheral-nerve-blocks



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