



Managing Pain with and after Surgery: **NERVE BLOCKS**

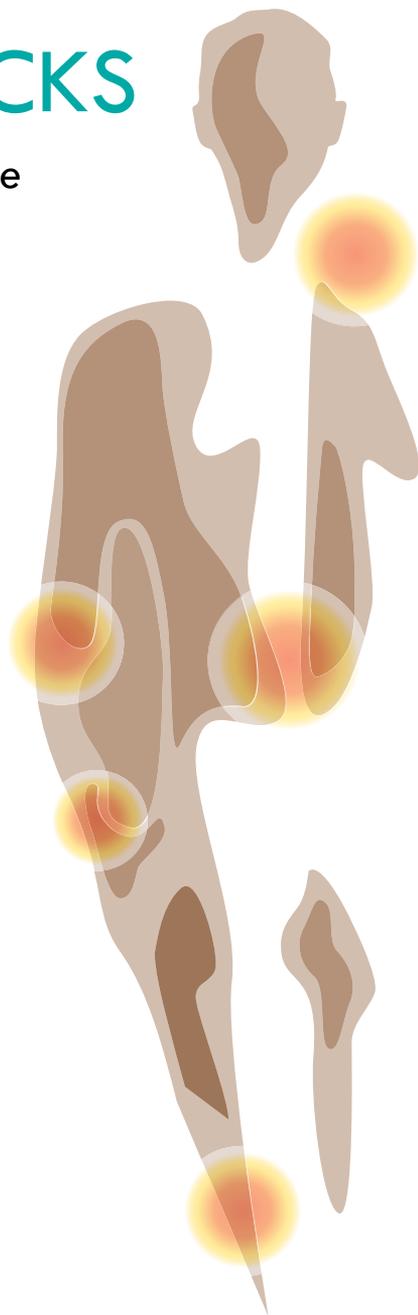
*A guide for understanding how we get
pain relief for you during your time
of surgery and getting ready to go
home after same-day surgery.*



Managing Pain for and after Surgery

NERVE BLOCKS

A nerve block involves the injection of numbing medication for a certain body part. It is injected near the nerve that supplies feeling to the area where your surgery is planned.



At VAPHS, nerve blocks are put in before surgery. They are for pain control immediately after certain types of surgery.

After a nerve block, the nerve stops sending pain signals to the brain.

The nerve block will be given as a 'single shot,' lasting 12-50 hours or more.

The nerve block reduces or even gets rid of pain in a specific area. This may reduce the number of pain pills needed for pain control after surgery.

You may experience less nausea, vomiting and constipation after surgery. You may be less confused after surgery.

When given a nerve block, you may feel better faster. You may recover more quickly. Your general health can also affect your recovery.

Nerve blocks are used mostly for surgery involving the arms or legs.

Some examples of commonly used nerve blocks include:

- **Shoulder/upper arm:**
inserted in the neck
- **Elbow/wrist/hand:**
inserted in the armpit
- **Hip:**
inserted off-center in the back for pain in the hip or the knee (depending on the type of surgery) inserted off-center half-way between the lower back and the buttock for pain deep in the hip
- **Knee:**
inserted in the groin for pain in front of knee
- **Sciatic Block:**
inserted in the buttocks for pain in back of the knee
- **Foot and ankle:**
inserted behind the knee

This is not a complete list. There are many types of blocks.

Side Effects

You may have numbness and weakness in the areas – usually the arm or leg – where you received the nerve block.

Patients often say that their arm or leg feels ‘very heavy,’ or that they ‘can’t feel where their arm/leg is.’

It is possible that you may **temporarily** not be able to move parts of your arm or leg. You may also still have pain relief for a period of time after you are able to move your arm and leg again. There are several drugs we add to the nerve block to make the pain relief last longer once the numbness goes away.

Some blocks may cause weakness of the thigh muscle or make it temporarily impossible for you to move your foot up and down. Some blocks may also interfere with your ability to grasp your hand, bend your arm, and/or lift your arm.

With blocks given for shoulder surgery you may also have slight drooping of your eyelid, hoarseness, stuffy nose or slight shortness of breath. Most patients easily adjust for these feelings of shortness of breath.

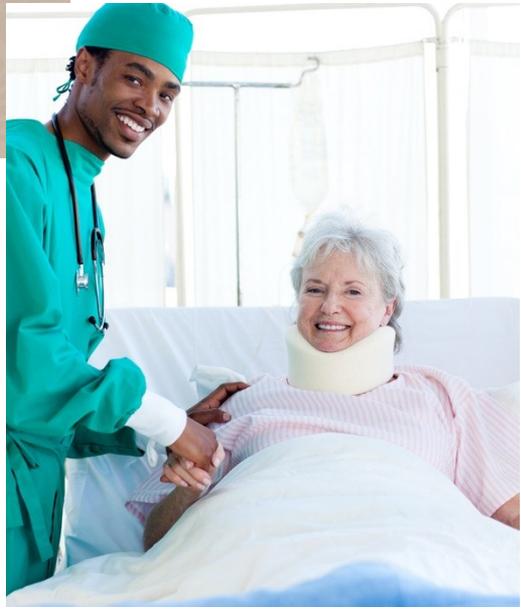
Even though the occasional ‘unusual feelings’ with breathing may seem distressing, your body naturally adjusts and does not warrant the distress that one may experience. However, if you have chronic bronchitis or emphysema, you may be given more instructions before you go home.

Numbness and **weakness** in the arm or leg, resulting from the block, are **normal** and will commonly wear off in 12-50 hours. As the block begins to wear off, you will feel a tingling sensation, and movement will begin to return.

It may be suggested that you take over-the-counter pain relievers every eight hours before the block wears off (such as acetaminophen and/or ibuprofen). Before you go to bed, or as your block begins to wear off, you may also be advised to take your prescription pain medication at this time, as your nerves are ‘waking up.’

Be sure not to take acetaminophen products if you are prescribed to take drugs such as Percocet® or Vicodin®, which also contain acetaminophen.

Minor bruising and/or soreness at the site of the nerve block injection are normal and will resolve over days to weeks.



Precautions

If you have had a **knee block** – given for pain relief in the front of the knee:

- Do not trust your blocked leg to support you.
- Use crutches or a walker, as well as a brace or immobilizer, until you are able to lift your leg up while keeping it straight.

If you have had a **sciatic block** – for pain in back of the knee, or **popliteal block** – for foot and ankle pain:

- keep your foot ahead of you when using crutches or a walker, and pull your foot up towards your nose. These maneuvers with your blocked foot are usually not necessary once you are able to feel the floor.

If you have had a **shoulder/upper arm block** – given for shoulder, arm, or hand surgery:

- you will be advised to wear a sling at least until the block has worn off.

The pain that you have after your nerve block wears off will depend on the pain you had before your surgery. For example, if your pain score before surgery was a score of five on a zero-to-10 scale before surgery, Your pain score may be anywhere between a 4 and a 10 on the same 10 point scale once your block wears off.

- **Do your best to stay ahead of the pain when your nerve block is wearing off.**
- Take pain pills by mouth while your block is still working.

Remember

- Numbness and weakness are to be expected after a nerve is blocked. This may last for 12 to 50 hours after your surgery.
- During this time, your pain will be greatly reduced. You will be given prescription pain medication to be taken by mouth as needed. Ask your surgeon or surgeon's office if over-the-counter pain relievers such as acetaminophen and/or ibuprofen are also recommended.

We will try to contact you

A member from the nerve block team will call you to see how you are feeling after your procedure.

We have provided a space below for you to write down the answers to some of the questions we will be asking you. We ask that you try to remember the date and time for the following:

The worst pain I felt after surgery with movement was on:

date/time.

My worst pain score from 0 to 10 was:

The "numbness" feeling wore off on:

date/time.



Watch and learn

If you would like to see what goes into having a nerve block done, please take the opportunity to watch a video of a nerve block procedure. Visit: www.youtube.com/watch?v=uLrkueOc0Bg

*Best wishes during your surgery encounter here at VAPHS.
We look forward to caring for you.*

References

1. International Anesthesiology Clinics: Regional Anesthesia for Ambulatory Surgery. (Summer 2005). Williams, BA (ed). Vol 43 (3). Philadelphia, PA: Lippincott Williams & Wilkins.
2. International Anesthesiology Clinics: Regional Anesthesia for Ambulatory Surgery: Patient Centered Outcomes and Health Economics. (Summer, 2011). Laur, JJ & Williams, BA (eds). Vol 49 (3). Philadelphia, PA: Lippincott Williams & Wilkins.
3. International Anesthesiology Clinics: Regional Anesthesia for Ambulatory Surgery: Anatomy, Applied Tools and Techniques, and Pharmacology. (Fall 2011). Laur, JJ & Williams, BA (eds). Vol 49 (4). Philadelphia, PA: Lippincott Williams & Wilkins.
4. International Anesthesiology Clinics: Regional Anesthesia for Ambulatory Surgery: Updates in Head to Toe Applications. (Winter 2012). Laur, JJ & Williams, BA (eds). Vol 50 (1). Philadelphia, PA: Lippincott Williams & Wilkins.

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