Peripheral Nerve Block for Pain Control after Surgery: In the hospital

What is it and why do I need it?
A peripheral nerve block is a way to “turn off” pain signals in a specific area of your body, such as your knee, leg, shoulder, or arm. It’s used to prevent pain during and after surgery and can reduce your need for other pain medicines that have more side effects. While your nerve block is in effect, you won’t be able to feel much in the area that’s blocked, so you need to be careful to protect yourself from injury.

How is the nerve block given?
A peripheral nerve block is usually given by an anesthesiologist, a doctor who specializes in controlling pain during surgery. The doctor will inject numbing medicine around the nerves that control movement, pain, and feeling. Depending on the type of surgery you’re having, the peripheral nerve block can be given:

- As a single injection (shot). An injection will control pain from 3 to 36 hours.
- Through a catheter. A catheter is a thin tube inserted near the nerve. Medicine is pumped slowly and continuously through the catheter into the tissue near the nerve. A catheter can be used to control pain longer than an injection. If you have a catheter, you may go home with it.

When to call for help
Call your healthcare provider right away if you experience:
- Severe or prolonged shortness of breath
- Pain that you can’t control

What do I need to do after surgery?
While the nerve block is active, you are at greater risk for injury or falls. These are ways you can protect yourself:

1. Do not try to use your limb until the block wears off.
2. If the nerve block was in your leg, do not put weight on it unless your doctor has told you otherwise. Do not try to get up and walk without help.
3. If you need to get out of bed, be sure to call for help, even if you’re using crutches. You could easily fall and injure yourself.
4. If the nerve block was in your arm or shoulder, you will be given a sling to wear. Keep wearing it until the block has worn off (or longer if your doctor says to). Do not try to hold or carry anything with that arm. Someone should help you.
5. While resting, reposition yourself from time to time. This will help prevent you from putting too much pressure on one area. You may need help to do this.
6. While you’re in the hospital, your nurses will help you. Once you go home, make sure someone is nearby who can help.
What can I expect?

Before your surgery, your doctor will meet with you to describe the peripheral nerve block. Don't be afraid to ask questions. Your discussion with your doctor is the most important part of learning about your nerve block. It is usually no more painful than getting an injection. Here's what to expect:

Where it’s placed

You may be given a block in the leg or knee:

- **Femoral** [FEM-er-uhl] nerve block, for surgery on the knee and the front of the thigh
- **Sciatic** [sy-AT-ik] nerve block, for surgery on the knee, ankle, or foot
- **Popliteal fossa** [pop-LIT-ee-uhl FOS-uh] nerve block, for surgery on the lower leg or foot

Or, you may be given a block in the upper arm or shoulder:

- **Interscalene** [in-tuhr-SKAY-leen] block, for surgery on the shoulder, arm, or elbow
- **Brachial plexus** [BREY-kee-uhl PLEK-suhs] nerve block, for surgery on the arm, elbow, or hand

How you’ll feel

- The limb with the block may feel numb, tingly, or heavy as the nerve block takes effect.
- You may be given additional pain medicine to control pain in other parts of your body.

Talking with your doctor about a nerve block

The table below lists the most common possible benefits, risks, and alternatives for a nerve block. Other benefits and risks may apply in your unique medical situation. Talk with your healthcare provider to learn more.

<table>
<thead>
<tr>
<th>Potential benefits</th>
<th>Risks and potential complications</th>
<th>Alternatives</th>
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<tbody>
<tr>
<td>• Pain relief during and after surgery</td>
<td>Complications are rare but can occur with any anesthesia procedure. They can include:</td>
<td>• Pain medicine taken by mouth</td>
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<tr>
<td>• Shorter recovery period</td>
<td>• Failure to relieve pain—in this case, other methods of pain management could be used</td>
<td>• Pain medicine given through an IV (intravenous line)</td>
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<td>• Reduced need for oral pain medicines that could have more side effects</td>
<td>• Bleeding or bruising</td>
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<td>• Few complications</td>
<td>• Infection at the injection site</td>
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<td></td>
<td>• Damage to nerves</td>
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<td>• Allergy to the medicine used</td>
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<td></td>
<td>• Death (extremely rare)</td>
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