In summary

Brachial plexus blocks are a low risk procedure that enable us to offer you complete pain relief for the duration of, and the hours following your operation.

On a personal note...

Please feel free to bring in a personal stereo if you would like to listen to music during the operation.

Aftercare dos and don’ts

Do:
- keep arm in sling for support and protection
- take regular pain relief tablets even if you have no pain, as you will need them working before the block wears off.
- keep arm out of harm’s way

Do not:
- use any machinery
- rest your arm near a fire or radiator. It may be hot and you will not feel it
- place your arm where it might be accidentally injured
- go into the kitchen!

Helpline

Please go to the emergency department if you notice either:
- unexplained breathlessness, or
- pain that is not controlled by your tablets

Telephone 023 8079 6720 in office hours if your arm is still numb or you have any unusual sensations in it 48 hours after your operation.

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688 for help.
The local anaesthetic injection is performed in the theatre suite, where you will be closely monitored. We inject either in the side of your neck, in your armpit or around your collar bone.

The skin around the injection site is cleaned and numbed. The nerves are located using an ultrasound machine or by using a small machine that makes your arm twitch.

Most people find that the injection is no more painful than having a cannula inserted into a vein. Once the injection is in, your arm will feel warm, heavy and numb and this effect will take from 20 to 40 minutes to work. The anaesthetist may then give you some mild sedation if you want to snooze through the operation.

Sometimes the block does not work fully. This may be due to the operation being more extensive than expected, or due to technical difficulty with the injection.

Benefits

Having the operation awake should allow you to be leave hospital quicker and also means that you avoid the side effects and risks that come with a GA (mainly sickness and drowsiness). If you do have a GA then the pain relief that the block provides should mean you do not need to be given the strong pain relief drugs, which can also make you sick and drowsy.

Side effects and risks

- **Injection in the side of the neck**: hoarse voice and droopy eyelid (gets better as block wears off).
- **Injection around the collar bone**: less than 1:1000 risk of lung damage (discuss with your anaesthetist).
- **All injection sites**: blood vessel damage usually requiring simple compression to stop any bleeding.

Very rarely fitting or life-threatening events may occur. Your anaesthetist can tell you more about these if you wish.

Nerve damage

The risk of long term nerve damage is between 1:5,000 and 1:10,000. About 0.5% to 1% of patients may notice a prolonged patch of numbness or tingling in their arm. The symptoms will resolve in 95% of these patients within four to six weeks, and in 99% within a year.

There is a risk of nerve damage after any operation, regardless of the type of anaesthetic used. This is due to the operation, the position you lie in or the use of a tourniquet. A tourniquet is a tight band that is placed on the upper arm to prevent bleeding during the operation. Swelling around the operation site or pre-existing medical problems such as diabetes may also lead to nerve damage.

For more information on nerve damage visit: http://www.rcoa.ac.uk/docs/Risk_12nerve-peripheral.pdf