

Types of Regional Anesthesia

Spinal anesthesia

- Numbs the lower half of the body with medicine injected between the bones of the back into the space that contains spinal fluid
- Can be used for lower extremity surgery
- Often avoided in ambulatory surgery because it can numb nerves supplying the bladder, making urination difficult for several hours

Epidural anesthesia

- Similar to spinal anesthesia
- Uses a thin catheter placed outside of the space that contains spinal fluid
- Can be continued after surgery as an infusion for continuous pain relief
- Can be used for lower extremity surgery for patients being admitted to the hospital; however, the use of postoperative blood thinners is a relative contraindication, due to the possibility of bleeding around the epidural space

I.V. regional or Bier block

- Can be used for short-duration surgeries on the upper extremities
- An I.V. is placed in the hand, a bandage is wrapped around the arm, and a tourniquet is inflated. The bandage is removed, the I.V. is injected with a local anesthetic, and the arm is numb until the tourniquet is released.
- Brief period of "pins and needles" sensation at the beginning and end

Axillary nerve block

- Numbing medicine is injected under the armpit around the nerves supplying the arm.
- Can be used for surgery on the hand and forearm

Interscalene nerve block

- Commonly used for shoulder surgery
- The nerves supplying the shoulder run between the scalene muscles in the neck.
- A nerve stimulator and ultrasound may be used to find these nerves.

Supraclavicular nerve block

- Similar to interscalene block
- Can be used for surgery on the upper arm, elbow, forearm, wrist and hand
- Has the unique rare side effect of pneumothorax (air in the pleural cavity which contains the lungs)

Femoral nerve block

- Medicine injected in the groin area to numb the thigh, knee and inside leg
- May be combined with a sciatic nerve block to numb the rest of the lower extremity
- Can be used for knee surgery
- The numb leg will not support weight; crutches must be used until numbness subsides.

General information on regional anesthesia

Notify your anesthesiologist if you:

- Are on blood thinners
- Have a pre-existing nerve injury, pre-existing pain, or neuromuscular disorder

Your anesthesiologist may use ultrasound, a nerve stimulator or other techniques to locate the injection site. If a nerve stimulator is used, the muscles in the block location may twitch. This is normal.

Notify your anesthesiologist immediately if you experience any sharp pain or "shock-like" sensation similar to hitting your "funny bone" in your elbow.

Your anesthesia care provider will tell you how long the nerve block is expected to last. A single injection nerve block may provide pain relief for 4-24 hours, depending on many factors.

You may experience the sensation of numbness, heaviness or weakness, and will not have full muscle control of the affected part of your body.

Be sure to take your prescribed oral pain medication before the nerve block completely wears off.



Post Block Care Instructions

For all blocks:

- Be careful not to harm the numb extremity.
- Do not place the numb extremity on anything hot. You could be burned and not feel it!
- Be careful getting into and out of vehicles.
- Be sure to take your oral pain medication before the block completely wears off.

For any block involving the leg/foot:

- Do not bear weight on the affected leg until the block wears off. Then follow your surgeon's instructions.
- To reduce the risk of falling, use caution and assistance when standing or trying to move.
- Use your assistive device (crutches or walker) until you are certain your leg has returned to normal.

For any block involving the shoulder or arm:

- Wear your sling until the block has completely worn off, or longer if required by your surgeon.
- It is helpful to sleep in a recliner chair with pillows under your arm, or in bed with your head elevated and your arm supported by pillows.

For a continuous local anesthetic infusion:

- Keep the insertion area clean and dry.

Common side effects with an interscalene or supraclavicular block:

- Shortness of breath
- Hoarseness
- Blurred vision
- Unequal pupils
- Drooping eyelid on the side of block

These side effects should go away as your block dissipates.

If you have any questions, please call _____.

Additional information can be found at:
American Society of Regional Anesthesia and Pain
Medicine, www.ASRA.com