

# Anaesthesia & Analgesia for Shoulder Operations

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**Please read this leaflet carefully.**

Your shoulder operation will either be done arthroscopically (keyhole surgery) or as an open procedure. This will have been discussed with you by your surgeon.

In order to provide optimum pain relief and recovery profile for either type of surgery, a local anaesthetic nerve block is usually injected around the nerves supplying the shoulder. For some operations involving the clavicle (collar bone) a nerve block may not be necessary.

## **What is this nerve block?**

The full name of the nerve block is 'interscalene brachial plexus nerve block'. These nerves are located just above the shoulder at the side of your neck. An anaesthetist performs this nerve block.

## **How will it be performed?**

When you enter the anaesthetic room in preparation for your operation the following will take place:

1. You will be asked to recline on a hospital trolley where you will have routine monitoring attached: stickers to monitor your heart, a probe on your finger to monitor your breathing and a blood pressure cuff on your arm.
2. The anaesthetist will then insert a drip (cannula) in the opposite arm to the one where your operation will be performed.
3. You will then be given a general anaesthetic (be put to sleep), which will involve some medication being administered into your drip and a facemask will be applied.
4. At this point you will be unaware of anything until you are woken up after the operation has finished.
5. Just after being put to sleep, before you enter the operating room, the nerve block will then be performed with the help of sophisticated ultrasound machines, which help the anaesthetist to visualise the nerves in your neck.
6. Once the nerve block injection is complete you will then proceed to have your operation under a general anaesthetic.



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## Do I have to be asleep throughout the operation?

In the vast majority of cases, yes.

It may be possible to perform your operation awake or sedated with the nerve block in place. Very rarely, depending on your health circumstances, you may not be suitable for a general anaesthetic and hence having the operation awake or sedated under a nerve block may be the only option.

## What is the benefit of a nerve block?

Unfortunately, shoulder operations can be very sore afterwards. The nerve block injection contains local anaesthetic medication, which can provide excellent pain relief for up to 16 hours. Having a pain free shoulder will assist in your physiotherapy thus preventing a frozen shoulder. It will help the overall recovery and could get you discharged home quicker.

It may also have an added benefit during your operation particularly for those having arthroscopic operations as it can help the surgeon get a better view through the keyhole. Your surgeon may be able to explain this to you in more detail.

## What are the risks of the nerve block?

With the help of our specialised ultrasound machines the risks of these blocks are minimal. This is because ultrasound allows the anaesthetist see exactly where the local anaesthetic injection is being deposited, thus ensuring it isn't going anywhere it shouldn't.

Nevertheless you may experience the following:

- A numb hand, arm and shoulder for up to 16 hours. This is normal and what we expect from a 'good' nerve block.
- Block failure. Occasionally you might not get a 'good' block and still feel some pain in your shoulder after the operation. Your anaesthetist will provide alternative pain relief in this instance.
- Breathing difficulties. This is relatively rare and may be more prevalent in patients with existing lung disease.
- Nerve damage. This is extremely rare and estimated to be around 1 in 5,000. The majority of any nerve damage which may occur is expected to be temporary.
- Local anaesthetic toxicity. In very rare cases some of the anaesthetic injection can enter the blood and cause immediate problems with your heart. The anaesthetist will be immediately at hand to treat this rare problem.



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## What are the alternatives to a nerve block?

Whether you have a nerve block or not you will be routinely prescribed simple painkillers such as paracetamol and diclofenac. However, without a nerve block these alone are unlikely to provide adequate pain relief. A stronger painkiller such as morphine is therefore used. The side effects of morphine include drowsiness, itching, constipation, loss of appetite, nausea, vomiting, breathing difficulties, and delayed hospital discharge. This is why shoulder operations in the United Kingdom now routinely involve a nerve block to prevent those side effects.

## What can I expect when I get home?

You should be comfortable for the rest of the day but when the block wears off it can become sore. We therefore advise for you to take the pain killing medication prescribed for you regularly. The numbness in your arm should not last more than 48 hours. In the unlikely event it does then we would like you to give us a call.

## Who can I call if there is a problem?

Any mild problems can be discussed with your surgeon at follow-up. However if there are concerns please contact the ward you were nursed in for advice.

## How do I look after my numb arm at home?

**Do** take your prescribed painkillers in advance, as it can be sore when the block wears off

**Do** keep your arm in a sling for support and protection

**Do** keep your arm out of harm's way (eg. kitchen hob/oven)

**Don't** attempt to drive or operate machinery

**Don't** rest your arm on a radiator or heater as there is a risk of burn and you will not feel it burning.

