Dr SG Smith Anaesthesiology Inc.

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Dr Steven Smith

MBBCh (Wits), FCA (SA)

Practice number: 9990100001199374

Email: sgsmith@worldonline.co.za Tel: (011) 672 6466

www.dunkeldanaestheticpractice.com

Dear patient,

An upper limb interscalene nerve block is performed to provide pain control after your orthopaedic procedure on your shoulder or arm.

This nerve block is administered through an injection site on the side of the neck, between the scalene muscles just above the clavicle. This is generally a safe and effective method for providing pain relief. This nerve block is administered by the anaesthesiologist who will explain the nerve block to you. The nerve block is performed while you are asleep. The nerves are identified with both ultrasound and a nerve stimulator. The bundles of nerves that supply the shoulder and arm originate on either side of the neck and are blocked by the injection of local anaesthetic agent around these nerves. The nerve block results in loss of both power and sensation and usually lasts between 10 and 16 hours. The benefit of the nerve block is pain control and thus avoidance of the side effects of morphine and other morphine-like drugs.

Please advise the anaesthesiologist if you experience any chronic pins and needles, pain or weakness in the arm that is to be blocked.

At the pre-operative visit by the anaesthesiologist, any queries you have regarding the nerve block will be clarified.

Anaesthesiologists exercise extreme care when administering these nerve blocks, but as with any intervention, complications may occur. Generally, the benefits gained from the procedure will outweigh any risks.

Common complications:

- Redness and swelling at the injection site
- Failed nerve block: It is possible that nerve blocks may fail due to mechanical or technical reasons, or local factors in your neck such as previous surgery. In this instance, alternate analgesia methods will be employed
- Motor block: your arm may feel heavy or lame when you wake up from the anaesthesia. Please keep your arm supported in your arm sling
- Three other nerves in the area may also be blocked. These effects, if they occur, are transient but may result in:
    - Hoarseness of your voice

- Horner's Syndrome: On the side of the nerve block, you may notice a drooping eyelid, a small pupil and your eye may be slightly sunken in
- Phrenic palsy: The nerve to the diaphragm may be blocked. The diaphragm functions less efficiently and you may experience some shortness of breath. If this develops, the physiotherapists will do some breathing exercises with you to help keep the lung well expanded

Rare complications:

- Haematoma around the injection site in the neck
- Persistent block: In less than 1% of cases, the pins and needles may last for a period of up to 2 to 3 weeks

Very rare complications:

- Intravenous administration of local anaesthetic. This may result in seizures or cardiac arrhythmias. Extreme care is taken to avoid this complication
- Pneumothorax: the lung is relatively close to the injection area and may be punctured. In this event you may experience chest pain and shortness of breath. The treatment of this complication is insertion of a drainage tube to remove the air from around the lung
- Spinal or epidural: The spinal cord is near the injection site. If injected, it may cause temporary lameness and loss of consciousness
- Sepsis: an aseptic technique is used but a surface infection or abcess may occur
- Nerve damage: this may be permanent and has a reported incidence in the literature of around 1 in 10 000 to 15 000 cases

I, _____, declare that I have read and understood the above risks and benefits and that I have discussed any uncertainties I may have with the anaesthesiologist.

I hereby consent to an upper limb interscalene nerve block being performed on me/my dependent.

Signed at _____ on _____ 20___ .

Signature: _____