



HYPNOS PANTHEON Anaesthetic Association

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Lower Limb Regional Anaesthetic Block

Dear Patient/Guardian

A lower limb block can be given for one of the following possible reasons:

1. As pain relief after your orthopaedic operation of your hip, upper leg, knee, lower leg, ankle or foot.
2. As anaesthesia for your orthopaedic operation of your hip, leg or foot.

Although the most common method for regional anaesthesia of the lower limb is a spinal or epidural, there is a place for the use of these lower limb blocks.

Although they can be technically difficult and may require multiple injections, they are safe and give good post-operative pain relief in the absence of a total sympathectomy. These blocks are administered through an injection in the groin, through or below the buttocks, behind the knee joint or around the ankle depending on the type of lower limb block and if it is administered alone or in combination.

The type of lower limb block/s depends on the surgical site and includes the following: femoral nerve, Adductor canal, sciatic nerve, popliteal nerve or ankle block and others. This is in general a very safe and effective method of pain relief for the lower extremity. The block is administered by your anaesthesiologist who will explain the technique to you.

Mostly this block is done with an ultrasound with or without nerve stimulator to identify the nerves involved. This can either be done when you are asleep or as an awake procedure with or without sedation. Your anaesthesiologist will explain the advantages and disadvantages of each along with which option would confer the most benefit or pose the safest outcome.

We sometimes block individual nerves lower down the leg. The block usually lasts for 8-10 hours, but the duration differs for each patient and can be as long as a day.

Please ask the anaesthesiologist during the pre-operative visit to clarify any uncertainty you may have.



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Anaesthesiologists exercise extreme care in administering lower limb blocks but, as with any medical procedure, complications can occur.

The following complications are possible:

Common complications:

1. Motor block: While we intend to block only the pain fibres we inadvertently also block the fibres that control movement. Your leg will most likely feel heavy or lame when you wake up from anaesthesia.
2. Failed block: It is possible that the block fails due to mechanical reasons or local factors like obesity or previous surgery. Therefore the block will provide insufficient pain relief and alternative pain methods will be employed.

Rare complications:

1. Haematoma: Because there are a few large blood vessels in the area, it is possible that one of them can be punctured while performing the block and there is a small chance that a haematoma (blood clot) can be formed. The presence of a venous graft or previous replacement surgery is a relative contra-indication for a block in the same area.
2. Local discomfort: Sometimes it is necessary to go through some tissue, like that of the buttocks to reach the nerves and this can cause some local discomfort afterwards but it is of short duration.

Very rare complications:

1. Intravenous administration: There is a small risk that the local anaesthetic can be injected directly into the bloodstream which can lead to convulsions or heart dysrhythmias. Extreme care is exercised to prevent this complication.
2. Sepsis: Although we use an aseptic technique, the possibility of a surface infection or abscess exists.
3. Nerve damage: This is possible through the insertion of the needle but is unlikely with the use of a nerve stimulator.
4. A few other extremely rare complications have also been documented in literature.

I declare that I have read and understood the contents of this information sheet and that I have discussed any uncertain aspects with the attending anaesthesiologist.

I hereby consent to having a lower limb block performed on me/ my dependant.