



HYPNOS PANTHEON Anaesthetic Association

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Upper Limb Anaesthetic Block

Dear Patient/Guardian.

An upper limb block can be given for one of the following possible reasons:

1. As pain relief after your orthopaedic operation of your shoulder, arm or hand.
2. As anaesthesia for your orthopaedic operation of your arm or hand.

This block is administered through an injection at the side of the neck between the interscalene muscles or, just above or, below the clavicle or, specific positions on the forearm.

This is in general a very safe and effective method of pain relief for the shoulder, arm or hand. The block is administered by your anaesthesiologist who will explain the technique to you.

Mostly this block is done with a nerve stimulator or ultrasound or a combination of the two to identify the nerves involved.

The bundle nerves that supply the shoulder, arm and hand originates in both sides of the neck. We block these nerve bundles here in the neck by administering local anaesthetic.

The block usually lasts for 8-10 hours, but the duration differs for each patient and can be as long as a day. If you are booked for shoulder surgery please remember to tell your anaesthesiologist if you chronically experience pins and needles or pain in any part of the arm or hand.



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

Anaesthesiologists exercise extreme care in administering upper 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 arm will most likely feel heavy or lame during and after the procedure until the medication wears out. Please do not hang your arm from the side of the bed as this can cause permanent nerve damage.
2. Horner syndrome: This happens generally when the other nerves in the area are also blocked. Commonly we see on the side of the block, a drooping eyelid, a blocked nose, small pupil, dry cheek, hoarse voice and sometimes shortness of breath in which case we send you to the ward with some oxygen. As the block wears out, these symptoms will disappear.
3. Failed block: It is possible that the block fails due to mechanical reasons or local factors in your neck or previous neck 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 that area of the neck, 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.
2. Local discomfort: Sometimes it is necessary to go through some of the neck tissue to reach the nerves and this can cause some local discomfort afterwards but it is of short duration.



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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. Pneumothorax: Because the lung is situated close to the area of injection, it is possible that it can be punctured. In case of this unlikely event you will experience shortness of breath and intense chest pain, especially when breathing. An underwater tube will be placed in your chest to help you breathe.
3. Spinal or epidural: The spinal cord is also close to the area of injection and if a spinal or epidural space is accidentally injected, it can cause temporary lameness.
4. Sepsis: Although we use an aseptic technique, the possibility of a surface infection or abscess exists.
5. Nerve damage: This is possible through the insertion of the needle but is unlikely with the use of a nerve stimulator.
6. 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 an upper limb block performed on me/ my dependant.