

Continuous Interscalene Nerve Blocks For shoulder surgery

This handout is for patients at UWMC - Northwest who receive a continuous interscalene nerve block for shoulder surgery.

What is a continuous interscalene nerve block?

A *continuous interscalene nerve block* is used to numb your shoulder and upper arm to reduce your pain after surgery. The anesthesiologist will place the nerve block before surgery and then start using it during surgery. It will also be used for a few days after you go home.

How does it work?

We will insert a small tube (*catheter*) into your neck, near the nerves that supply feeling to your shoulder. *Local anesthetic* (numbing medicine) is sent through this tube into the space around those nerves. This medicine blocks pain signals from reaching your brain.

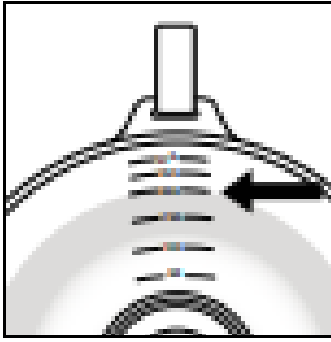
After surgery, we will connect the catheter to a pump. Inside the pump is a balloon filled with the pain medicine. This pump will provide pain relief for a while after surgery.

What will I feel after surgery?

- After the pump starts to work, it may be a short time before the pain medicine takes effect.
- The nerve block will lessen pain, but it will not take away all your pain. You may still need to take pain pills. If your pain gets stronger and it is time to take your pain pills, take them right away.
- Your shoulder and arm will be numb while the catheter is in place. This is due to the numbing medicine.



Autofuser Disposable Pain Pump



*A balloon pump reservoir.
The arrow shows the
shrinking balloon.*

What can I expect after surgery?

- The anesthesiologist may adjust your nerve block if you are not getting enough pain relief, or if you have side effects.
- You will take your pump home with you and use it for a few days. When the pump is empty, you can throw it away.
- Please follow any instructions from Physical Therapy.
- Always ask for help and have someone by your side when getting out of bed.
- Never take more pain pills than your surgeon prescribes.

How long will the nerve block last?

This depends on the pump rate. At a rate of 8 ml an hour, the medicine will last about 3 days. Your anesthesiologist will set the rate. Ask your provider when the pump will run out.

As the pump delivers medicine, the balloon inside it will get smaller. This happens so slowly, you may not be able to see that it is shrinking. Instead, watch the scale on the pump to see how much medicine has been used.

Are there any side effects?

You may have some short-term side effects. Do not be concerned about them. They will go away when the block wears off:

- Droopy eyelid and small pupil on the side of your face near the nerve block.
- Hoarse voice.
- Lack of feeling in your chest. You will feel like you are not breathing as deeply as you are.
- Shortness of breath. You may feel short of breath when you lie flat at night. The best way to manage this is to sit up in bed. Most times, sitting up takes care of this side effect.

Serious side effects, such as long-term nerve damage, are very rare. Please tell us if you are still having symptoms several weeks after your nerve catheter is removed.

How do I take care of the pump?

- The pump will work in any position. It is not affected by gravity. You may attach it anywhere that works best for you.
- Remove your catheter when the balloon in the pump is empty.

What if I have problems?

If You Have	What to Do
Pain at the surgical site	Take your pain pills as prescribed by your provider.
No pain, but arm feels extra numb or weak	<ul style="list-style-type: none"> • Stop the pump by closing the small clamp. • Call your provider or the UWMC - Northwest anesthesiologist on call at 206.969.1209.
Fluid under the dressing	<ul style="list-style-type: none"> • A small amount of clear or pink fluid around the catheter is normal. If the pump is still treating your pain, keep it in place and use a towel to dry the fluid. • Do not take the dressing apart. You can add more gauze to the dressing, if needed. Use tape to keep the gauze in place.
Ringling in your ears, a metallic taste in your mouth, or numb lips	<p>These symptoms may mean you have numbing medicine in your bloodstream.</p> <ul style="list-style-type: none"> • Stop the pump right away by closing the small clamp. • Page the anesthesiologist on call at 206.969.1209 right away.
Catheter has fallen out	<ul style="list-style-type: none"> • Do not try to replace or reconnect the catheter. • Check to make sure that there is a black tip at the end of the catheter after you remove it. If the black tip is not there, page the on-call anesthesiologist at 206.969.1209. • Remove the dressing. Dispose of the tubing and pump. • Take your pain pills as needed to manage your pain.

How do I remove the catheter?

- Remove the tape and adhesive and pull the catheter out. The catheter should come out very easily. You may feel some discomfort if the dressing pulls on your hair or skin.

- Check to make sure that there is a black tip at the end of the catheter after you remove it. If the black tip is not there, page the on-call anesthesiologist at 206.969.1209.
- If you feel pain when you try to remove the catheter, **STOP**. Call the Anesthesiologist on call at 206.969.1209.
- You may want to take pain pills when you remove the catheter. This will help you stay comfortable as the numbness wears off.

What if I have questions after my nerve block?

During your hospital stay, an anesthesiologist will visit you every day while the catheter is in place.

If you have any urgent concerns for an anesthesiologist after you go home:

- Weekdays from 8 a.m. to 4 p.m., call 206.969.1209. If you cannot reach the anesthesiologist, we will do our best to call you back.
- For pain pump issues after hours and on weekends and holidays, call the hospital at 206.668.0500 and ask to page the anesthesiologist on call.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

UWMC - Northwest Anesthesiologist

Weekdays from 8 a.m. to 4 p.m., call 206.969.1209.

After hours and on weekends and holidays, call 206.668.0500 and ask to page the anesthesiologist on call.