

## Regional 'awake' anaesthesia for shoulder surgery

This leaflet provides information about regional 'awake' anaesthesia for your shoulder operation.

When having shoulder surgery, you have two options for anaesthesia:

- 1) General anaesthesia will make you unconscious throughout the entire procedure with or without the nerve block. With general anaesthesia, your entire body is made to fall asleep and involves placing a breathing tube in your throat.
- 2) Being awake for the operation with little sedation after receiving the nerve block.

This leaflet describes the technique and benefits of having shoulder surgery under regional anaesthesia which is option two

Anaesthesia is given to keep you comfortable and safely provide good pain control during and after the operation.

Surgery whilst being awake is now routine for operations of the hip, knee, ankle and foot. Any surgery done whilst a patient is awake is done using regional anaesthesia (numbing a part of the body) which is also called nerve block. This block allows the surgery to be done without the need of a general anaesthetic (going to sleep).

Your shoulder may be very painful in the first 24 hours after the operation. A nerve block, (which involves an injection in your neck before the operation) which numbs the nerves carrying the pain sensation from the operation site, makes the first day of surgery comfortable (*we will call it 'a block' from now on in this leaflet'*)

This block is what allows surgery to be done without the need of a general anaesthetic.

What can I expect to happen during my surgery?

After your surgeon and anaesthetist have confirmed the side and site of surgery, you will be taken into the anaesthetic room. You will be asked to confirm your name and site of surgery numerous times, as a safety measure. A needle will be placed in the back of the hand on the arm not being operated on, to allow us to give you fluids and medicines during your surgery. You will also be attached to equipment so we can monitor your heart rate, blood pressure and breathing which is routine for all operations.

Once you have been positioned comfortably, your skin will be cleaned with an antiseptic and numbed before the block injection is performed. To inject in the precise location ultrasound will be used to visualise the nerves and the block needle. To aid the correct needle placement and confirm its position, a small electrical current is used to twitch the arm and hand muscles. This is not painful. Once the block needle is in the correct position the numbing medicine is injected slowly around the nerves. Usually within half an hour, the arm is numb enough for the surgeon to start the operation. The length of time that the entire arm is numb depends upon the type of numbing medicine used. This type of nerve block will generally provide several hours of 'surgical' anaesthesia, during which time your surgeon can operate on your arm. This can provide up to 20 hours of pain relief in some situations.

Once your shoulder is numbed, the arm will feel very heavy and not in your control. From that moment on, your arm will be taken care of by the theatre staff until the surgeon operates. During the operation you will feel sensations of touch and pressure but no pain. The surgeon will also inject some numbing medicine in the back of your shoulder before starting the operation.

#### Advantages of being awake during surgery

Since you are already awake, you do not have to worry about waking up either during or after surgery. As a result you will avoid the common potential side effects and complications of a general anaesthetic (being asleep) like a sore throat, nausea/vomiting, being drowsy and tired, altered mental state and rare complications like stroke. Your recovery is likely to be faster.

If you have a heart or a breathing condition, avoiding a general anaesthetic is much safer.

You can eat and drink as soon as the operation is over and go home earlier than with a general anaesthetic. This would be especially helpful if you are diabetic.

As the operation involves the surgeon putting a camera into your joint, you can watch the procedure on a television screen if you wish and ask questions about the problems with your shoulder. If you choose not to watch you can have a little sedation to make you feel more relaxed if you would prefer. If for some reason during the surgery you do not like being awake and feel that you would rather be asleep, you could still have a general anaesthetic (being asleep.)

Both options for anaesthesia are available to you. Regional anaesthesia techniques can significantly reduce the pain you feel after your surgery, which is often severe and limits early rehabilitation.

#### Potential side effects

The numbing medicine can spread to other nerves and affect other parts of the body. You may have a temporary:

- Hoarse voice

- Droopy eyelid or blurred vision

- Slight difficulty breathing

You may also have bruising around the area where the local anaesthetic was injected.

## Potential complications

Inadequate block: This would result in either the block needing to be repeated or having a general anaesthetic (going to sleep) for the remainder of the operation

Injury to surrounding structures: There is a small risk of injury to blood vessels and nerves. Permanent nerve injury is rare. If you would like to read more in depth information, you can visit

<http://bit.ly/14VZT7y>

Reaction to local anaesthetic drugs. This is very rare. If the local anaesthetic is accidentally injected into a vein you may experience tingling of your lips, and there is a risk of seizures (fitting) and heart rhythm problems. These usually only last for a short time, but medication may be needed if they persist.

If you are experiencing pins and needles, numbness, weakness or difficulty breathing one week after surgery, either inform your surgeon (if your follow-up clinic is within one week of your operation) or phone the Queen Elizabeth Hospital switchboard (0191 482 0000) and ask for the on-call anaesthetist.

## What should I expect when I get home?

In order to maximise your pain relief, please take regular pain killers as prescribed, before your block wears off (while your arm is still numb.)

You should keep your arm in the sling provided, making sure your sensation and movement have returned before you attempt to use your arm normally again. The surgeon will tell you if you need to wear the sling any longer.

Take extreme care moving your arm when it is numb. You should do slow cautious movements avoiding awkward positions and over extension of your joints.

When your arm is numb you will be unable to feel heat or cold properly so keep your arm away from constant pressure, radiators/fires/hot water/extremes of cold.

The normal signs that tell you that this type of anaesthetic is wearing off could include:

Tingling, like pins and needles

Increased sensation and movement to the affected part and discomfort or pain.

## Further Information

For more information about nerve blocks you can visit <http://bit.ly/19IXSV9>

Authors:

Dr Ashwani Gupta, Consultant Anaesthetist

Mr Jagannath Chakravarthy, Consultant Orthopaedic Surgeon

Date of publication August 2013

To be reviewed in August 2015

Reference:

Royal College of Anaesthetists, [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

Interscalene brachial plexus block for shoulder surgery; Patient information: Rotherham hospital.

### **Data Protection**

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

Information Leaflet:	NoIL437
Version:	1
Title:	Regional 'awake' anaesthesia for shoulder surgery
First Published:	November 2013
Review Date:	November 2015
Author:	Dr Ashwani Gupta & Mr Jagannath Chakravarthy

**This leaflet can be made available in other languages and formats  
upon request**