

Regional anaesthesia (anaesthetic nerve block)

Adult (18 years and over) | Patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the anaesthetic. The patient information sheet should be included in the patient's medical record.



1. What is a regional anaesthesia (anaesthetic nerve block) and how will it help me/the patient?

Regional anaesthesia (nerve block) is where a nerve or group of nerves in a specific area of the body can be made numb by a local anaesthetic injection. Using local anaesthetic can sometimes allow you to stay awake for the procedure.

Local anaesthesia provides long-lasting pain relief, during and after surgery. It can last from 2 to 18 hours, depending on the injection site and which medicines are used.

Sometimes a very thin tube is put through the needle and left in place. This means that the local anaesthetic can be given for a longer period of time, at times up to a few days. This tube can also be connected to a pump called a Patient Controlled Analgesia (PCA) machine and you can be in charge of your own pain relief.

Your anaesthetist will explain the particular nerve block that is selected for your surgery. In some operations, the nerve block will be combined with sedation and/or a general anaesthetic. Your doctor will discuss with you the type or types of anaesthetic which are suitable for you and your operation.



Image: Regional anaesthesia. Source: NYSORA.com

What are the benefits of a nerve block?

The benefits include:

- reducing the need for other anaesthetic medicines or avoiding a general anaesthetic altogether
- pain relief after your surgery which will assist you with moving about earlier
- less need for strong pain-relieving medicines, such as morphine, and their side effects, including nausea, confusion, drowsiness, and constipation.

The above benefits may lead to a reduced stay in hospital for you.

Preparing for the anaesthetic

You are at less risk of problems from an anaesthetic if you do the following:

- Increase your fitness before your anaesthetic to improve your blood circulation and lung health. Ask your GP about exercising safely.
- Lose weight, this will reduce many of the risks of having an anaesthetic. Ask your GP about losing weight safely.



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- Stop smoking as early as possible before your surgery to give your lungs and heart a chance to improve. Smoking cuts down the oxygen in your blood and increases breathing problems during and after an operation. Phone 13 QUIT (13 78 48).
- Drink less alcohol, as alcohol may alter the effect of the anaesthetic medicines.
- Do not drink any alcohol 24 hours before surgery.
- Stop taking recreational drugs (this includes recreational smoking such as marijuana) before your surgery as these may affect the anaesthetic.
- Ask your surgeon and/or anaesthetist if you should stop taking your anticoagulant or antiplatelet (blood thinning) medicines before surgery as it may affect your blood clotting:
 - do NOT stop blood thinning medicines without medical advice
 - if you are asked to stop taking blood thinning medicine before your procedure, ask your doctor/clinician when you can restart the blood thinning medicine.

On the day of your procedure:

- **Nothing to eat or drink** ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink, or chew gum after this time otherwise your operation may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- **If you are a smoker or drink alcohol:** do not smoke or drink alcohol.
- **If you are taking medicines:** most medicines should be continued before an operation and taken the usual time even on the day of surgery with a sip of water. There are some important exceptions:
 - your doctor/clinician will provide specific instructions about your medicines
 - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show your anaesthetist what you are taking.
- **If you feel unwell:** telephone the ward/hospital for advice.

- Tell your doctor/clinician and the anaesthetist if you have:
 - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if regular treatment or a stay in hospital is needed
 - a drug addiction
 - had previous problems and/or known family problems with anaesthesia
 - false teeth, caps, loose teeth or other dental problems
 - been taking prescribed and/or over the counter medicines, herbal remedies and supplements; this may include and is not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or diabetic medicines (e.g. insulin)
 - allergies/intolerances of any type and side effects.

During the procedure

- Your anaesthetist will ask you to keep still while the injections are given. You may notice a warm tingling feeling as the anaesthetic begins to take effect.
- Your operation will only go ahead when you and your anaesthetist are sure that the area is numb.
- You will remain alert and aware of your surroundings, unless you are having sedation. A screen shields the operating site, so you will not see the operation unless you want to.
- If you are having sedation, you will be sleepy and relaxed. However, you may be aware of events around you.
- Your anaesthetist is always near you and you can speak to him or her whenever you want to.



2. What are the risks?

There are risks and complications with anaesthesia. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it.

Risks include but are not limited to the following:

Common risks and complications

- pain, bruising and/or bleeding at the injection site
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- prolonged numbness or tingling.

Uncommon risks and complications

- failure of block: this may require a further injection of anaesthetic or a different method of anaesthesia to be used
- temporary nerve damage recovering in a few days to months, damage may cause weakness, tingling and/or numbness of the body part that the nerve goes to
- overdose of local anaesthetic solution
- allergic reaction to the medication, requiring further treatment
- small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- damage to surrounding structures such as blood vessels, nerves and muscles.

Rare risks and complications

- permanent nerve damage
- equipment failure (e.g. breakage of needles or catheters possibly requiring surgery to remove them)
- serious allergic reaction or shock to the medication, requiring further treatment
- infection at the site of injection, may require antibiotics and further treatment
- heart attack or stroke could occur due to the strain on the heart
- seizures may occur, requiring further medication and treatment
- death as a result of this anaesthetic is rare.

What are the risks of not having a regional anaesthesia (anaesthetic nerve block)?

Not having an anaesthetic may result in you not being able to have the procedure.

There may be health consequences if you choose not to have the proposed anaesthetic. Please discuss these with the doctor/clinician.



3. Are there alternatives?

Making the decision to have an anaesthetic requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



4. What should I expect after the anaesthetic?

The area that has been blocked may remain numb or weak for up to 24 hours (longer if you have special tubing inserted).

For your own safety:

- take care not to injure or bump the area that has been numbed with the local anaesthetic as you will not be able to feel pain
- do not place hot or very cold things on the affected part as this could cause burns
- if you have a 'weak' leg, do not walk without a person to assist you
- ask your doctor/health professional whether you can:
 - drive any type of car, bike or other vehicle
 - operate machinery including cooking implements
- if the numbness/weakness has not gone away after 24 hours, contact your doctor/clinician
- there can be a significant increase in pain when the block wears off. Take prescribed pain medications as directed as soon as you notice an increase in pain.



5. Who will be performing the anaesthetic?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate anaesthetic. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the anaesthetic, please discuss with the doctor/clinician.

Your anaesthetic will be given by a specialist anaesthetist, your treating doctor or their team, a GP with training in anaesthetics (particularly in rural areas), or a doctor/healthcare professional/student undergoing further training. All trainees are supervised according to relevant professional guidelines.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Australian and New Zealand College of Anaesthetists: www.anzca.edu.au/patient-information/anaesthesia-information-for-patients-and-carers.

Royal College of Anaesthetists: www.rcoa.ac.uk/patientinfo.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed anaesthetic.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.