

# Continuous Interscalene Nerve Block for Shoulder Surgery

## Managing your Nerve Block at Home

Your surgeon and anesthesiologist agree that a **continuous interscalene nerve block** is a good way to reduce your pain at home after your shoulder surgery. Please read the following information on what to expect on the day of your surgery and how to care for your nerve block after you leave the hospital.

If you have questions about the nerve block, please speak with your surgeon or anesthesiologist during your pre-screening appointment or on the day of your surgery.



**Your nerve block can be removed on:** DD / MONTH / YYYY .

### What is a continuous interscalene nerve block?

A **continuous interscalene nerve block** is the delivery of a local anesthetic, or numbing medicine, near the nerves of the neck to “block” pain signals in the shoulder and arm. The medicine pumps out of a bottle (infusor) and flows through a thin tube, called a catheter, into the body.

A continuous interscalene nerve block is given to a patient to help them feel less pain during and up to 48 hours after shoulder surgery.

### How is the nerve block done?

Before your shoulder surgery, the anesthesiologist will insert the catheter for the nerve block into your neck. To make sure you feel no pain while we do this, we will inject a local anesthetic to numb the area. The anesthesiologist will infuse medicine through this catheter to the nerves to numb your shoulder and arm.

At the end of your surgery, we will bring you to the recovery room. While you are here, the anesthesiologist will connect your catheter to the infusor filled with the medicine you will go home with, called Ropivacaine.

### How long will I have the nerve block?

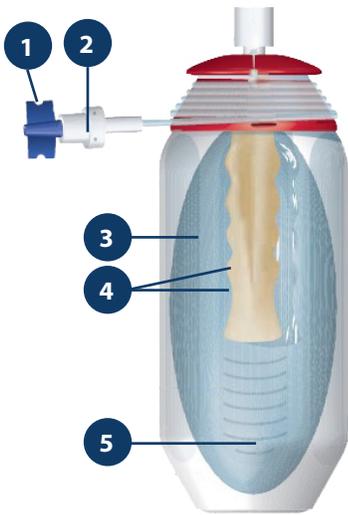
The nerve block will stay in place for 3 days after your surgery. After you leave the hospital, your anesthesiologist will call you every day to make sure the device is working properly and is managing your pain.

### How do I use the nerve block?

The infusor (see Figure A on page 2) will deliver the medicine at a slow rate on its own. To make sure it works properly:

- **Keep the infusor device close to your body.**  
We will tape the infusor to you and give you a carrying case for the infusor that will keep it at the level of the taped area. Please do not remove the tape or the carrying case. Your arm will also be in a sling to keep it still. Keeping the infusor close to your body will ensure a constant flow of medicine.
- Do not get the catheter or device wet.
- Keep the device out of direct sunlight.
- Keep the device close to room temperature.  
Do not expose it extreme heat or cold.
- Make sure the catheter is not clamped or kinked.
- The device is safe to use around pets, but do not let them chew or play with it.

**Fig A. Diagram of the Nerve Block Infusor**



- 1 Winged Luer Cap:** Protects the opening and stops flow of the medicine.
- 2 Luer Lock Connector:** Attaches the infusor bottle to the catheter.
- 3 Balloon Reservoir:** Holds the medicine. The “balloon” in the infusor should shrink over 3 days.
- 4 Indicator Bumps:** There are 4 indicator bumps on either side of the balloon. If you can see all 8 bumps, your infusion is done.
- 5 Progression Lines:** The lines on the infusor will show you how much medicine you have received.

## How do I care for myself while I have the nerve block?

While the catheter is in, you will not be able to move your arm as usual. This is normal, as the nerves that transmit pain signals to your arm also control your arm movement. Once you remove the catheter, you will regain the movement of your arm.

### SHOWERING/BATHING:

- Keep the device and catheter insertion site **dry**.
- **Do not shower or bathe** until after you remove the catheter (the third day after your surgery).

### MANAGING PAIN:

- You should feel very little pain for the first 2 days after surgery. However, the nerve block may not relieve all the pain from surgery.
- Your surgeon will give you a prescription for oral pain medicine (taken by mouth) to use after the catheter is removed. If you feel pain in your shoulder during your nerve block, it is okay to start taking your prescribed pain medicine early.

### ACTIVITY:

- You can do everyday activities (for example, cooking) with the infusor. However, do not do any activity that will make the infusor too hot (such as exercising), too cold, or wet (such as swimming).
- While sleeping, keep the infusor at the same height to where the device connects to your catheter.
- Your shoulder and arm will feel numb with the nerve block. During this time, you may feel no pain if either is injured. Please be careful to protect your shoulder and arm.
- Your shoulder and arm will be weak with the nerve block. Your surgeon will let you know how much weight you can safely carry while the catheter is in place.

## What are the risks?

Nerve blocks are a safe, highly effective form of pain management.

As with any surgery, there is always a small risk of bleeding, infection, damage to surrounding structures (including nerves and blood vessels), or side effects from the local anesthetic. There is also a small risk that your catheter will become dislodged and not provide optimal pain relief. Some patients may also experience some mild shortness of breath.

**Call the anesthesiologist\* or go to your nearest Emergency Department if you have any of the following:**

- Redness, tenderness, swelling, or drainage at the nerve block catheter insertion site
- Ringing in your ears, metallic taste in your mouth, tingling around your face or mouth
- Shortness of breath
- The catheter disconnects or becomes dislodged from the infusor (bottle).

## How do I remove the nerve block catheter?

**On day 3**, the anesthesiologist will phone you and guide you step-by-step as you remove the nerve block catheter at home. They can also answer any questions you may have.

The “balloon” reservoir should be fully deflated. You should see all 8 indicator bumps (4 on either side of the balloon) on the inside of the infusor. This will let you know that your infusion is done.

## TO REMOVE THE NERVE BLOCK CATHETER:

1. Clean your hands with soap and water.
2. Lift the white tape and clear dressing off the catheter insertion site.
3. Remove the two strips of sticky tape holding the catheter in place. The only discomfort you should feel is from the tape coming off.
4. Hold the nerve block catheter and gently pull it straight out. It should not be hard to remove the catheter. You should not feel any discomfort when removing the catheter.
5. Look for a grey colour tip. This will confirm that you are at the end of the catheter and you have successfully removed it from your neck.
6. It is normal to have a small amount of blood or fluid drainage come out of the insertion site. Apply pressure over the site for 5 to 10 minutes, then apply a Band-aid® to the area. You can remove the Band-aid® later that same day.
7. Throw the dressing, pump, tubing, and catheter in the garbage.
8. Clean your hands with soap and water.

## What can I expect after I remove the nerve block catheter?

If you continue to have pain, take your oral pain medicine as needed.

You should start to get feeling back in your arm and shoulder within 12 to 24 hours after you remove the nerve block catheter.

**Call the anesthesiologist\* if your arm is still numb 24 hours after you have removed the catheter.**

\* To reach the anesthesiologist, call (416) 242-1000. Identify yourself as a “Home Catheter Program Patient” and ask to speak to the “Anesthesiologist on call”.

## Measuring your Pain using the Pain Assessment Chart

Use this chart to keep track of the level of pain you are feeling with the nerve block catheter. Fill the chart out whether you have pain or not. Share your pain levels when you speak with your anesthesiologist.

Date	Time	Level of Pain 0 to 10*	Did you take medicine for your pain?		
			Name of medicine	Dose Taken	Level of Pain after medicine 0 to 10*
<i>Example: November 1, 2018</i>	<i>8:00 a.m.</i>	<i>8</i>	<i>Tylenol #2</i>	<i>1 tablet</i>	<i>2</i>

### \*Levels of Pain

Level 0	NO PAIN	You feel perfectly normal.
Level 1 to 3	MINOR PAIN	Pain starts as light noticeable pain, but may become more intense until it is very noticeable pain. However, you can adapt to or tolerate the pain.
Level 4 to 6	MODERATE PAIN	Pain is strong and deep, like a toothache that becomes a strong deep piercing pain. The pain takes over your senses to the point that you cannot tolerate it.
Level 7 to 10	SEVERE PAIN	Pain is very intense to unimaginable.

**Reference:** Registered Nurses' Association of Ontario (2013). Assessment and Management of Pain (3rd ed.). Toronto, ON: Registered Nurses' Association of Ontario.

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**English:** This information is important! If you have trouble reading this, ask someone to help you. **Italian:** Queste informazioni sono importanti! Se ha difficoltà a leggere questo, chiedi aiuto a qualcuno. **Spanish:** ¡Esta información es importante! Si tiene dificultad en leer esto, pida que alguien le ayude.