



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

About the anaesthetic for your hand operation

Information for patients, relatives and carers

① For more information, please contact:

York Hospital (Day Unit)

Telephone: 01904 726010

The York Hospital, Wigginton Road, York, YO31 8HE

Scarborough Hospital (Ash/Willow ward)

Telephone: 01723 385209

Woodlands Drive, Scarborough, YO12 6QL

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About the anaesthetic for your hand operation

You have provisionally agreed to have your surgery by an injection to numb your arm rather than a general anaesthetic. This leaflet explains how your anaesthetist will numb your arm in some more detail.

The benefits of this method over general anaesthetic include:

- You will have less pain for several hours and be able to think clearly immediately after the operation.
- It is very unlikely that you will feel sick following the operation.
- You will be able to eat, drink and go home sooner than if you had a general anaesthetic.

After you arrive on the day unit, your anaesthetist will meet you to answer any questions you may have about this.

Why can't I eat or drink before the operation?

There is a slight possibility that you will need to have a general anaesthetic for your operation if the injections do not fully numb your arm. For safety reasons you must have an empty stomach before a general anaesthetic.

How will my arm become numb?

Your heartbeat and blood pressure will be checked in the anaesthetic room. Your anaesthetist will put a small needle (a drip) in the back of the hand we are not operating on. This allows us to give you some medicine that makes you relaxed and comfortable.

To make your arm numb we need to inject local anaesthetic beside the four main nerves that run to your hand. We may numb these nerves either in the armpit or behind the collar bone. To help us find the nerves, we use an ultrasound machine. It can take a little time to position the needle correctly. You may feel a shooting sensation down your arm whilst this is happening, and it is important to let the anaesthetist know so that the needle can be repositioned. When we are happy that everything is positioned correctly, the local anaesthetic is injected.

It can take up to 40 minutes for your arm to become numb. It will also feel heavy and difficult to move. It may be so numb that you are no longer aware what position the arm is resting in without looking at it.

In some cases, your arm may not be fully numb after the first injection so you may need an extra injection around your elbow or hand. Some anaesthetists may perform these extra injections on all patients to improve the duration of pain relief after the operation.

Are there any side effects to having a local anaesthetic?

It is very uncommon to feel unwell due to the injection but please tell us if you do. This could be due to the presence of the local anaesthetic in the blood stream or, very rarely, an allergy to the local anaesthetic.






Occasionally the injections around the collarbone can affect other nerves, which mean you could have a hoarse voice, small pupil, slightly pink eye, or a weak eyelid. This should only last for a few hours. Another rare complication of injections around the collarbone is damage to the lung, though this is extremely rare now that we use ultrasound to help place the needle.

Additionally, as with any injection, there is the rare risk of bruising or infection at the place where the needle is put in.

Are there any serious risks to this procedure?

Nerve injury following nerve blocks is rare. You may experience numbness or (rarely) tingling, weakness or pain that lasts longer than the block should have done, longer than 48 hours. However, the vast majority of these problems resolve quickly with time; only one in 50 remain at three months, less than one in 100 at six months, and less than one in 500 at a year. Long lasting or permanent nerve damage is very rare; recent reports suggest this is in the range of two to four per 10,000 patients.

People vary in how they interpret words and numbers when it comes to assessing risk. This scale is provided to help:

				
Very Common	Common	Uncommon	Rare	Very rare
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000
Someone in your family	Someone in a street	Someone in a village	Someone in a small town	Someone in a large town

Text and graphic on assessing risks adapted from leaflet 'Nerve blocks for surgery on the shoulder, arm or hand' First Edition, 2015 published at: www.rcoa.ac.uk/patientinfo by the Royal College of Anaesthetists. Used with permission. [Last checked 17 December 2018]

There is a risk of nerve damage after any operation regardless of whether you have had a block. This may be due to the surgery itself, the position that you are in during the surgery or the tourniquet used during the surgery.

It is important to let us know if there are any problems following your surgery. We may be able to help with weakness or numbness that does not resolve, or with painful or troublesome tingling.

If, at 48 hours following the surgery, you have shooting pains going down the arm or weakness that does not get better or that worsens again later, please get in contact with the Acute Pain Team during working hours. Numb patches on the hand or arm usually resolve with time, but if they are still present at six weeks after the operation, you should mention this either at follow-up with the surgeon, or by calling the Acute Pain Team.

What happens after the operation?

Food and drink will be offered to you very soon after the operation. Before you go home, we will advise you about taking painkillers and looking after yourself.

Your arm will probably stay numb for four to eight hours and some areas may stay numb for 24 hours.

Because you will not be able to move or feel your arm, you will need to protect it with a sling and move it with your other hand. It is particularly important to be careful around fires, radiators, and any machinery as you may injure your arm and not realise it. Specifically, you must take care of your 'funny bone' at the elbow. This is actually a nerve and if you bash or lean on it, you can damage it.

You should also take some pain-relieving medicine whilst your arm is still numb. This will mean that they are working when the block starts to wear off.

Who should I contact if I have any problems?

If you have any problems as detailed previously, please telephone the Acute Pain Team:

York Hospital:	01904 725512
Scarborough Hospital:	01723 385160

If no one is in the office, the answering machine is checked regularly, and we will call you back if you leave your details.

If you have any other particular problems or questions after your surgery, please telephone:

Day unit in York Hospital:	01904 726010
Ash/Willow ward in Scarborough Hospital:	01723 385209

Alternatively, you can contact your GP or attend your nearest Emergency Department if urgent.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Dr Harry Murgatroyd, Consultant Anaesthetist,
The York Hospital, Wigginton Road, York, YO31 8HE or
telephone 01904 725399.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

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