LOWER EXTREMITY NERVE BLOCKS

Leg or lower extremity nerve blocks commonly utilized include ankle blocks, femoral nerve (sometimes used for ACL repairs and total knee replacements), sciatic, lumbar plexus and popliteal nerve blocks. The primary advantage of the regional nerve block is to provide lasting pain relief following surgery, for anywhere from 12 to 18 hours. In many circumstances, it also allows us to avoid general anesthesia, which can hasten recovery and minimize the risks of other potential complications, including nausea and a sore throat.

The nerve blocks are performed by one of our highly trained anesthesiologists working in conjunction with one of the nurses in the preoperative area of the operating room. Adequate and safe sedation is provided (usually with Valium-type medications) to maximize your comfort during placement of the nerve block.

TECHNIQUE
The appropriate area of your back, buttock, groin or lower leg is thoroughly sterilized. The site of insertion is numbed much like your hand or arm may be numbed prior to placement of an IV catheter. A small needle is used to locate the appropriate nerve or nerves to block. The safety of this process is guided by either (or both) a nerve stimulator or an ultrasound machine that can visualize the nerve bundle, usually less than an inch below the skin. In certain circumstances, a catheter or a small plastic tube (similar to the epidural catheter) may be inserted and secured into place to provide ongoing pain relief following surgery, for 1 to 3 days. This can be particularly useful following one-sided knee replacements. In some instances, depending on your specific operation, the regional nerve block may be combined with general or spinal anesthesia. When general anesthesia can be avoided, you will be given heavy sedation; with this type of sedation, most patients are completely unaware of their surroundings.

COMPLICATIONS
Complications are rare but can occur. These include: (1) nerve damage, which is extremely rare but typically involves ongoing numbness in one region of the leg which recovers slowly over several days to weeks, (2) injection into a blood vessel which can result in convulsions, (3) bruising at the insertion site, and (4) inadequate pain relief which, is subsequently treated with conventional pain medications. It is not unusual to have subtle or profound weakness of the leg for 1 to 2 days following the procedure.

Nerve blocks are not required. You, the patient will ultimately decide if you want one. Your surgeon has recommended the nerve block because of his or her experience in providing safe and comfortable postoperative care. If you do not want this nerve block, your pain from surgery will be treated with conventional pain medications given through an IV catheter or by mouth following surgery.