Shoulder and Upper Extremity Nerve Block

After your anesthesiologist has reviewed your medical history with you, he or she may decide that you are a candidate for a Shoulder and Upper Extremity Nerve Block (Brachial Plexus Block). This nerve block may be the only anesthesia that you require for your surgical procedure, or may be combined with a general anesthetic to provide intra-operative anesthesia and post-operative pain relief.

The Brachial Plexus is a bundle of nerves that leaves the spinal cord and travel down the neck, under the collarbone and into the axilla (armpit). This bundle of nerves is relatively close to the surface of the body and can be anesthetized by utilizing a small needle and a local anesthetic solution. Your anesthesiologist may choose to anesthetize the nerves either in the mid or lower neck region, or in the axilla, depending on the type of surgery you are going to have performed. He/she may elect to do the injection after some intravenous sedation, but it is important that you are somewhat aware during the injection.

After the nerves are injected, the upper extremity will become numb and you will lose some or all of the movement of the extremity. This condition may last for several hours, depending on the type of local anesthesia that is used.

Side Effects: The temporary side effects for the shoulder and upper extremity nerve block may include:

- Fullness in the throat (Common, up to 50% depending on block site)
- Difficulty swallowing, hoarseness, or drooping of the eyelid on the block side (up to 25%, depending on site)
- Mild shortness of breath (common, up to 50% depending on site)
- Anxiety over “numb” extremity (rare)
- Pain or aching on the axilla last several days (common, up to 50% depending on site)

Possible Complications: Although rare, complications can occur with shoulder and upper extremity nerve blocks including:

- Bleeding or blood clot at the site of the needle insertion (rare)
- Infection at the site of needle insertion (rare)
- Nerve injury resulting in prolonged or permanent numbness, pain or weakness (<0.02%)
- Toxic reaction to the local anesthetic resulting in seizures or cardiac arrest (<0.02%)
- Collapsed lung, sometimes requiring a chest tube and hospital admission (<1% depending on site)

Summary: Your anesthesiologist, who is a trained expert in this type of anesthesia, will evaluate you carefully, and will suggest this type of anesthesia only if he/she feels that it is beneficial, safe and effective, and that the benefits outweigh the possible risks. You have the right to question the anesthesiologist and his judgment and likewise, you have the right to not accept this type of anesthesia.