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SPECIALIST ORTHOPAEDIC SURGEON

EVIDENCE SUMMARY

Your shoulder nerve block

title: “Your Shoulder Nerve Block (Supraclavicular Block)” slug: supraclavicular-nerve-block region: recovery audience: patient mesh_terms: [“Brachial Plexus Block”, “Nerve Block”, “Anesthesia, Conduction”, “Shoulder”, “Pain, Postoperative”, “Analgesia”, “Arthroscopy”] article_count: 6 model_used: hand_authored generated_at: ‘2026-06-22T00:00:00+00:00’ key_articles: [“10.5435/JAAOS-D-24-00738”, “10.1097/ALN.0000000000001894”, “10.5397/cise.2022.01263”, “10.1016/j.jse.2023.12.014”] synthesis_version: “v2” verifier_status: skipped

Key Evidence

Brachial plexus blocks reduce pain and opioid use after shoulder surgery. Regional anaesthesia is the cornerstone of modern shoulder-surgery analgesia. A current review of regional techniques for shoulder surgery describes the supraclavicular brachial plexus block as an effective approach that provides dense analgesia of the arm while producing fewer of the unwanted neck-related effects (hoarseness, Horner’s syndrome, diaphragm involvement) seen with higher interscalene blocks [1]. Across the broader literature, peripheral nerve blocks consistently lower early post-operative pain scores and reduce opioid consumption compared with general anaesthesia or local infiltration alone [2,3,5].

The benefit is largest in the first hours and translates into better recovery quality. A systematic review and meta-analysis in *Anesthesiology* found brachial plexus and suprascapular blocks deliver clinically meaningful analgesia for shoulder surgery, supporting their routine use [2]. A focused review of regional blocks for arthroscopic rotator cuff repair reached the same conclusion: blocks improve early pain control and reduce rescue-opioid requirements [3]. Longer-acting block formulations further extend the pain-free window after shoulder replacement [4].

Rebound pain is real and is best managed by pre-emptive oral analgesia. Because a single-shot block wears off after roughly 8–18 hours, patients can experience a sharp surge of pain as sensation returns — usually overnight. A two-centre randomised controlled trial and the wider rebound-pain literature emphasise that patient education and starting regular analgesia *before* the block resolves are central to a smooth recovery [6]. This is why patients are advised to begin their prescribed pain tablets early rather than waiting for pain to arrive.

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