

Your shoulder nerve block

Almost all shoulder operations are done with a **nerve block** as well as a light general anaesthetic. The block is the single most effective thing we have for keeping you comfortable after surgery, and it is worth understanding what is planned so that none of it comes as a surprise.

What a nerve block is

All of the nerves that supply your arm pass through a tight bundle just above your collarbone. Using an ultrasound machine to see exactly where they lie, the anaesthetist places a small amount of local anaesthetic around that bundle. This is called a **supraclavicular block**. It switches off pain signals from the whole arm for several hours – long enough to cover your operation and the first part of your recovery, when pain would otherwise be at its worst.

You are not awake during the operation. You will usually have a light general anaesthetic on top of the block, so you sleep through the surgery. The block does the pain relief; the general anaesthetic keeps you comfortably asleep.

Why we use it for your shoulder

A good block does far more than a needle's worth of numbing:

- **It controls pain better than tablets or a general anaesthetic alone.** In study after study, patients who have a brachial plexus block have lower pain scores in the first hours after shoulder surgery and need much less strong painkiller. One review that pooled **36 separate trials and more than 3,000 patients** having keyhole shoulder surgery found that brachial plexus blocks like this one both lowered pain scores and reduced the amount of strong opioid painkiller people needed afterwards.
- **It lets us give a lighter general anaesthetic.** Because the block is doing the heavy lifting on pain, you generally wake up clearer, with less grogginess and less nausea.
- **It reduces how much opioid (strong painkiller) you need.** That means fewer side effects – less constipation, drowsiness and nausea – and a smoother early recovery.
- **It gets you comfortable, mobile and home sooner.**

What it feels like

Within about 20–30 minutes of the injection, the arm becomes **heavy, warm, numb and weak**. You will not be able to lift it or feel much in it, and you may not be able to move your fingers. This is exactly what is meant to happen. The numbness usually lasts **8 to 18 hours**, occasionally up to a day. It is completely temporary – full feeling and movement always come back.

Why you wear a sling

While the block is working, your arm is numb and has no power of its own. The sling is there to **hold and protect it** – so it cannot flop, dangle or get knocked, and so you do not lean or roll onto an arm you cannot feel. Keep it supported in the sling, keep it warm, and do not let it hang down. Think of it as looking after a limb that cannot yet look after itself.

Things you might notice (these are normal)

Because the nerves we numb sit close to a few others in the neck, you may notice some harmless temporary effects on that side:

- a **droopy or heavy eyelid**, and sometimes a slightly bloodshot eye
- a slightly **hoarse voice** or a stuffy-feeling nostril
- a sense that you **can't take a completely full deep breath** – the block can briefly quieten the nerve to the muscle under your lung on that side

The supraclavicular approach we use is chosen partly because it tends to cause these effects **less** than blocks placed higher up in the neck. They all wear off as the block does, and need no treatment.

When the block wears off – start your tablets early

This is the most important part to get right.

The block is excellent for the first 8–18 hours, and then sensation comes flooding back – often overnight. As it does, the pain can arrive quite suddenly. This is called **rebound pain**, and it catches people out because they felt so comfortable beforehand.

The trick is simple: **don't wait for the pain**. Take your regular prescribed pain tablets *before* the arm fully wakes up – we'll give you a rough idea of when that will be – and keep taking them regularly for the first couple of days, even while the arm is still numb. Patients who stay ahead of it have a far smoother first night. Patients who wait until the pain hits spend a miserable few hours catching up.

Call us, or seek help, if

- your **breathing feels genuinely hard or is getting worse** (a slight sense of not filling your lungs is expected; real struggle to breathe is not – get reviewed)
- your arm is **still completely numb and floppy beyond about 24–30 hours**
- your fingers turn **white, cold or blue**, or you get chest pain

For ordinary rebound pain as the block fades, take your tablets and stay ahead of it – it settles over the next day or two.