



PATIENT & CAREGIVER EDUCATION

About Your Continuous Upper Extremity Nerve Block Catheter

This information explains your continuous upper extremity nerve block catheter. It explains what it is, how it works, and what to expect once it's placed.

About your nerve block catheter

A nerve block is when a local anesthetic is used to block a group of nerves from feeling pain. A local anesthetic is medicine used to make an area of your body numb.

With a **continuous nerve block**, you get the medicine through a catheter (a thin, flexible tube) that's connected to pump. A continuous nerve block can stay in place for a few days to help you feel less pain after your surgery.

Your anesthesiologist will program your pump to give you the right amount of local anesthetic. An anesthesiologist is a doctor with special training in medicine to help with pain before, during, and after surgery. You may need more or less medicine depending on how much pain you feel after surgery.

A **continuous upper extremity nerve block** blocks the pain in the nerves in your upper extremity (shoulder, arm, or hand). Local anesthetic flows through the nerve block catheter that is placed near your neck to reach these nerves.

Your continuous upper extremity nerve block will take away most of your pain. It may not take away all of it. You may also need to take pain medicine while you have the nerve block.

What to expect after your surgery

Your nerve block catheter will be placed during surgery. It's normal for your shoulder, arm, or hand to feel numb right after your surgery.

You may have numbness in your face or neck on the side where you had surgery. You may also have a hoarse voice, drooping eyelid, small pupil, or stuffy nose. These things

are normal. They're caused by the local anesthetic. They will go away once your nerve block catheter is removed.

About 8 to 16 hours after surgery, the stronger local anesthetic you got during your surgery will wear off. You'll be able to move your shoulder, arm, or hand more easily. You may have some discomfort as you regain feeling. Your nurse will program your pump to give you local anesthesia through your nerve block catheter. They may also give you pain medicine to help with any discomfort.

Ask your nurse for pain medicine before going to bed the first night after your surgery. This will help keep from waking up in pain after the numbness wears off.

What to expect while you have a nerve block catheter

- You may have some fluid leaking from around your nerve block catheter. This is the local anesthetic. This is normal and does not mean it is not working. If your nerve block catheter is leaking, tell your nurse.
- Your nerve block catheter may fall out or be pulled out by accident. If this happens, tell your nurse. Do not throw away your catheter.
- Remember to be aware of where your shoulder, arm, or hand is at all times. You will not be able to fully feel them because of the local anesthetic. Protect them from getting hurt. If your nurse gave you a sling, always keep your arm in the sling except while doing physical therapy.
- Tell your nurse if your shoulder, arm, or hand feels completely numb. Your pump may need to be turned off for a little while. It can be turned back on when you can feel your arm again.

When to call your healthcare provider

Call your healthcare provider if you have any of the following:

- Trouble breathing or chest pain.
- A rash or hives anywhere on your body.
- Numbness around your mouth.
- A metallic taste in your mouth.
- A ringing sound in your ears.

- Feeling light headed.
- Confusion.
- Slurred speech.
- Twitching anywhere on your body.
- Seizures (uncontrolled shaking or stiffening of your body).

Contact information

If you have any questions or concerns, call the Anesthesia Pain Service at 212-639-6851. You can reach a staff member Monday through Friday from 9 a.m. to 4 p.m. After 4 p.m., during the weekend, and on holidays, call 212-639-2000 and ask for the anesthesia pain doctor on call.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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