

INFORMATION ABOUT YOUR PROCEDURE

BRACHIAL PLEXUS BLOCK

How we do the procedure

A **brachial plexus block (interscalene, supra-clavicular, or infra-clavicular approaches)** is performed at the base of the neck near the collar bone on the side you are having pain. It is done to block the sympathetic and sensory nerves that go to the arm. Most pain specialists believe that sympathetic nerve overactivity causes the pain associated with reflex sympathetic dystrophy (RSD) which is also called sympathetically-maintained pain or now complex regional pain syndrome I. The procedure blocks the somatic nerves (conscious sensation and muscle control) to the arm as well as the sympathetic nerves so that your arm may be slightly numb and possibly weak for a few hours as a result of the local anesthetic (numbing medicine) that is injected. Sympathetic nerves also carry pain fibers and their constant overactivity due to some irritation process seems to be responsible for the vague burning pain, color changes, swelling (edema), sweating (hyperhidrosis), and hypersensitivity (allodynia).

What to expect

We will start an intravenous line so that we can give you medication to relax you. With a small needle, we will inject local anesthetic solution around the nerves of the brachial plexus at the base of the neck. Blocking these nerves will cause your arm to become dryer (decreased sweating), warmer (increased blood flow), numb and weak. Additionally, your pain and sensitivity should improve, if it is mostly due to RSD. These effects last as long as the local anesthetic works to block the nerves, typically a few hours. The effects on sympathetic nerve overactivity may last much longer, hopefully days to weeks or more, and ideally may not come back to as bad as it was before the block. Depending on your response, we may repeat the injection when the pain returns. If it does not relieve your pain, we will discuss other treatment options.

Risks

The risks include bleeding, infection and a reaction to any of the medications used for the procedure. We use sterile technique to avoid infections. If you are taking a "blood thinner" (anticoagulant), we will give you special instructions before the procedure to avoid excess bleeding.

You could experience a spinal headache, but this is rare and easily treated.

Safety Precautions

Since your ability to drive may be impaired for a few hours, we ask that you have someone drive you home.