

Important Notice

Morning Surgery:

- Do not eat any food after midnight
- After midnight the only fluid which should be drunk is water until 6:00am

Afternoon surgery:

- Do not eat any food after 7:30am
- After this the only fluid which should be drunk is water until 11:00am

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Popliteal Sciatic Nerve Block



Patient information leaflet

If you require a translation or an alternative format of this leaflet please call the Patient Advice and Liaison Service on 01296 316042

Safe & compassionate care,

every time

What is a nerve block?

A nerve block is an injection of local anaesthetic near the nerves supplying a region of the body. This numbs the region of the body that is being operated on, such that it is possible to conduct the operation with you awake (similar to an injection at the dentist). Whilst you may be aware of movement, there is no pain. A nerve block is also often used in combination with a general anaesthetic in order to provide you with good pain relief after the operation.

What is the Popliteal Sciatic Nerve?

The Popliteal Nerve is the name given to a nerve passing through the back of your leg, to supply the ankle joint, and the skin over your foot and the sole.

Why should I have a Popliteal Nerve Block?

Surgery to the foot and ankle can cause considerable pain in the first 24 hours after the operation. One of the ways of relieving this pain is to perform a Popliteal Nerve Block. The advantages of having this nerve block are:

1. You are pain free / have less pain for the first 4-24 hours after the surgery, which can mean a shorter recovery period.
2. You minimise the common side effects of drowsiness, nausea and vomiting that are associated with strong pain killers.

What if the nerve block does not work?

Occasionally, the nerve block may not provide sufficient pain relief. If this were to happen you would be offered an alternative form of pain relief afterwards.

What happens when the block wears off?

The effects of the local anaesthetic will last between 4 and 24 hours – on average about 10-12 hours. As the block starts to wear off, you may feel pins and needles in your leg. These will gradually disappear as the sensation comes back. It is important that you start taking regular painkillers by mouth *before* the sensation returns so that you will be comfortable once the block has worn off. You may need additional help to stand up and walk till the block has worn off completely. Please follow any additional instructions from the surgeons and physiotherapists.

Other sources of information

1. “Nerve damage associated with peripheral nerve blockade” (see www.rcoa.ac.uk)
2. “Risks associated with your anaesthetic”(see www.rcoa.ac.uk)
3. ASRA Practice Advisory on Neurologic Complications in Regional Anaesthesia and Pain Medicine
http://www.asra.com/publications/Article_of_the_month-Sept_2008.pdf

Why may I be awake for this procedure even though I am also having a general anaesthetic?

There are no studies to support that having a block awake is safer than having it done when unconscious. However, some experts believe that the information you can give the Anaesthetist during the procedure may help to avoid complications.

What problems can occur following a block?

Your anaesthetist is trained in the procedure to minimise the risks of you suffering any harm, and can discuss this with you. With a popliteal nerve block, the most frequent (but still uncommon) complication is altered sensation in the thigh or leg that persists after the main block has worn off. The symptoms are tingling and / or numbness in the thigh more than 48 hours after the block was performed. This occurs in around 1 in 20 patients and usually resolves on its own, within 3 weeks, or occasionally up to 3 months after the procedure. It is very rare for symptoms to go on longer than this. 99% of problems will have resolved at 1 year. The risk of long term complications from a femoral nerve block can therefore be compared to the 1 in 15000 risk of dying in a road traffic accident in the U.K. This comparison is included purely to give an idea of the rarity of a serious problem occurring.

What do I have to do before the operation?

As for a general anaesthetic, you will be asked to have no food for 6 hours and nothing to drink for 2 hours, prior to your operation. This is important if you are having a general anaesthetic as well, or if one is unexpectedly needed. You will have a consultation with your Anaesthetist prior to the operation where you will be assessed for the procedure and will have an opportunity to ask any questions you may have.

What is the preparation for the procedure?

When you arrive in the anaesthetic room you will be connected to routine monitoring equipment. This will include: a blood pressure cuff, a probe on your finger (to monitor oxygen levels in the blood), and three stickers on your chest to monitor your heart rate (an 'ECG'). It is also routine for your anaesthetist to use a needle to place a cannula (a thin plastic tube) in a vein in the back of your hand. Your leg will then be exposed and put in the best position to perform the block. A sterile solution is used to clean the back of your knee. Your anaesthetist will then perform the popliteal nerve block, which may take between five to ten minutes. If you are having a nerve block and a general anaesthetic, your anaesthetist may either do the nerve block while you are awake or sedated or after giving the general anaesthetic. You will be positioned on to your side or asked to lie flat on your chest whilst performing the block.



Popliteal Nerve Block using Ultrasound

How is the procedure performed?

The skin is numbed on the side of the operation at the back of the knee, with an injection of local anaesthetic. A needle is then introduced through this numb area. If you are having the nerve block awake or with sedation then, you will be aware of some movement in the area and you may get pins and needles, or discomfort in the area as the needle approaches the nerves. These sensations will be absent if you are having the nerve block under a general anaesthetic. To ascertain that the needle is in the right place the anaesthetist may use either a nerve stimulator or an ultrasound machine. The nerve stimulator delivers a tiny electric current to stimulate the nerve, and the ultrasound enables the direct visualisation of the nerves and the needle. Your anaesthetist may use both the techniques together or either one of the techniques. After confirming the position of the needle, the local anaesthetic is injected around the nerves. If you are awake, your anaesthetist will ask you to report any painful sensation you may experience as the local anaesthetic is being injected. Initially your leg will feel warm and tingly, but within 30 minutes, it will become numb and heavy.