

# Continuous Interscalene Nerve Block for Shoulder Surgery (COIN)

## Managing your Nerve Block at Home

Your surgeon and anesthesiologist agree that a **continuous interscalene nerve block** is a good way to reduce your pain at home after your shoulder surgery. Please read the following information on what to expect on the day of your surgery and how to care for your nerve block after you leave the hospital. If you have questions about the nerve block, please speak with your surgeon or anesthesiologist during your pre-screening appointment or on the day of your surgery.



**You can remove your nerve block on:**     /     MONTH /     .

### What is a continuous interscalene nerve block?

A **continuous interscalene nerve block** is the delivery of a local anesthetic, or numbing medicine, near the nerves of the neck to “block” pain signals in the shoulder and arm. The medicine pumps out of a bottle (infusor) and flows through the infusion line into the catheter (thin tube) that is placed in the body (see Fig 1).

A continuous interscalene nerve block is given to a patient to help them feel less pain during and up to 48 to 72 hours after shoulder surgery.

### How is the nerve block done?

Your anesthesiologist will talk to you about the nerve block before your surgery. They will then give you a mild sedative to help you relax.

#### On the day of your surgery, your anesthesiologist will:

- Carefully insert the catheter into your neck, near the nerves that carry pain signals from your shoulder to your brain.
- Infuse medicine through this catheter to the nerves to numb your shoulder and arm. You will have a dressing holding the catheter in place.

Fig 1. A Nerve Block Infusor Bottle

- |   |  |
|---|--|
| <p><b>1 Balloon pump:</b> Contains the medicine. The “balloon” in the infusor should shrink over 3 days.</p> <p><b>2 Housing:</b> Protects the balloon with your medicine.</p> <p><b>3 Balloon volume:</b> The total volume of the infusor.</p> <p><b>4 Scaling/Progression Lines:</b> The lines will show you how much medicine is left.</p> | <p><b>5 Clamp:</b> Allows you to stop infusion if you need to pause or stop treatment.</p> <p><b>6 Infusion line:</b> Carries the medicine from the infusor to your catheter.</p> <p><b>7 Port cap:</b> Protects the port for filling the balloon with medicine.</p> |
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Please watch the **Continuous Peripheral Nerve Block for Post-operative Pain Relief** video on **YouTube** for care and removal instructions. Search for “Nerve Block Catheter Infusion” on [YouTube](#) or use your smartphone camera to scan the QR code on the left.



## How is the nerve block done? (continued)

After the surgery, your anesthesiologist will:

- Check that the catheter is working properly.
- Connect the infusor bottle to the catheter before you go home.

## How long will I have the nerve block?

The nerve block will stay in place for 3 days after the day of your surgery.

After you leave the hospital, **your anesthesiologist or an Acute Pain Service nurse practitioner (APS NP) will call you every day** to make sure the bottle is working properly and is managing your pain.

## How do I care for the nerve block?

The infusor bottle will automatically deliver the medicine at a slow rate on its own.

### To make sure the infusor bottle is working properly:



- ✓ Keep the bottle at about waist level. This will ensure a constant flow of medicine.
- ✓ While sleeping, keep the bottle next to you in bed.
- ✓ Do not get the dressing, catheter, or bottle wet (no bathing or showering).
- ✓ Keep the bottle out of direct sunlight.
- ✓ Do not expose the bottle to extreme heat or cold.
- ✓ Make sure the catheter is not clamped or kinked.

## How do I care for myself while I have the nerve block?

While the catheter is in, you may not be able to move your shoulder and arm as usual. This is normal, as the nerves that transmit pain signals to your shoulder also control your arm movement.

### Showering/Bathing:

- Keep the bottle and catheter insertion site **dry**.
- **DO NOT shower or bathe** until after you remove the catheter (the 3rd day after your surgery).

### Managing Pain:

- With the nerve block catheter in place, you should feel less pain for the first 1 to 2 days after surgery. However, the nerve block may not relieve all the pain from surgery.
- Your surgeon will give you a prescription for strong oral pain medicine (taken by mouth) to use after your surgery. **If you feel pain in your shoulder while your nerve block is in place, it is okay to take your pain medicine as prescribed.**

### Activity:

- You can do everyday activities (for example, cooking) and physiotherapy with the infusor bottle. However, **DO NOT** do any activity that will make the bottle too hot (such as exercising), too cold, or wet (such as swimming).
- Your shoulder and arm may feel numb with the nerve block. During this time, be careful to protect your shoulder and arm as you may not feel pain if either is injured.
- Your shoulder and arm may be weak with the nerve block. Your surgeon will let you know how much weight you can safely carry after your surgery.

## Will I need to take other medicine?

Even if the nerve block is working well, **it is normal to still have pain**. Your surgeon may prescribe some or all of the medicine listed below.

**Please refer to your prescription for your individual medicine plan.**

If your pain is still not adequately managed, please call your surgeon or contact the HRH Fracture Clinic at (416) 242-1000 ext. 23000.

Prescription Medicine Reminder Chart	
<b>For Pain and Inflammation:</b>	
Celecoxib 200 mg (Celebrex®)	Take 1 capsule, 2 times a day with food
Pregabalin 50 mg (Lyrica®)	Take 1 capsule at bedtime
Acetaminophen 500 mg (Tylenol®)	Take 2 tablets, 4 times a day
Dexamethasone 4 mg	Take <b>half a tablet</b> (2 mg) with breakfast ( <b>for the first 2 days</b> )
Hydromorphone 1 mg (Dilaudid®)	Take 1 to 2 tablets, every 6 hours ( <b>if needed</b> )
<b>For Nausea:</b>	
Ondansetron 4 mg (Zofran®)	Take 1 tablet, every 6 hours ( <b>if needed</b> )
<b>For Constipation:</b>	
PEG 3350 (Polyethylene Glycol, LaxADay®)	Stir 17 g with 250 ml (1 cup) of water until dissolved and drink at breakfast ( <b>if needed</b> )

Keep track of the level of pain you are feeling with the nerve block and share it when you speak with your anesthesiologist or APS NP.

0 1 2 3 4 5 6 7 8 9 10

No Pain Mild Moderate Severe Very Severe Worst Pain Possible

## What are the risks?

Nerve blocks are a safe, highly effective form of pain management. As with any medical procedure, there is always a small chance of complications, such as bleeding, infection, damage to surrounding structures (including nerves and blood vessels), or side effects from the numbing medicine. Some patients may also experience some mild shortness of breath.

There is also a small risk that the catheter will become dislodged and not provide optimal pain relief. To reduce this risk, try to keep your bandage dry and avoid pulling on the catheter and infusion line.

If your dressing is wet with clear fluid, your catheter may be leaking. This is okay as the nerve block may still be working properly. You can secure the edges of the dressing with tape to keep it from coming loose or falling off.

If the bottle or infusion line disconnects from the catheter, **DO NOT reattach it**. Remove your catheter following the steps on page 4.

**Call the hospital\* or go to your nearest Emergency Department if you have:**

- Redness, tenderness, swelling, or drainage (such as bleeding) at the nerve block catheter insertion site
- Ringing in your ears, metallic taste in your mouth, numbness or tingling around your face, mouth, or tongue
- Shortness of breath

\*Dial (416) 242-1000 ext. 0. Identify yourself as a "nerve block catheter patient." Ask for the anesthesiologist on-call or the APS NP.

## When do I remove the catheter?

**On day 3 after surgery**, the bottle should be finished (see Fig 2). The anesthesiologist or APS NP will call and support you to safely remove the catheter yourself. **You DO NOT need to wait for this call to remove the catheter and you DO NOT need to come to the hospital.** To remove the catheter on your own, please follow the steps below or watch the video referred to on page 2.

Fig 2. Infusor bottle progression lines. There is no medicine left when the blue line reaches 0.



**0 hours**  
(infusion start)



**12 hours**



**24 hours**



**48 hours**



**60 hours**  
(infusion end)

## How do I remove the catheter?

- 1** Clean your hands with soap and water.
- 2** Peel back the dressing and tape from the catheter insertion site. You may feel some discomfort when removing the tape.
- 3** Remove any strips of sticky tape holding the catheter in place.

- 4** Hold the nerve block catheter and gently pull it straight out. It should not be hard to remove the catheter. You should not feel any discomfort when removing the catheter.
- 5** Look for a grey- or black-coloured tip at the end of the catheter. This will show that you have successfully removed all of the catheter.
- 6** It is normal to have a small amount of blood or fluid drainage come out of the insertion site. If needed, apply pressure over the site for 5 to 10 minutes, then apply a Band-aid® to the area. You can remove the Band-aid® later that same day.
- 7** Throw the dressing, bottle, infusion line, and catheter in the garbage.
- 8** Clean your hands with soap and water.

## What can I expect after I remove the nerve block catheter?

It is normal to still have pain in your shoulder. Keep taking the pain medicine your surgeon prescribed, as needed. You should start to get the feeling back in your arm and shoulder within 12 to 24 hours after you remove the nerve block catheter.

**Call the hospital\* if your arm is still numb 24 hours after you have removed the catheter.**

\*Dial (416) 242-1000 ext. 0. Identify yourself as a "nerve block catheter patient." Ask for the anesthesiologist on-call. If the numbness continues, please tell your surgeon.