

Management Of Continuous Blocks At Home

Continuous infusions allow people to return home much faster after surgery and avoid the use of opioid medication to a large extent. It is becoming more and more popular. The continuous infusion not only provides better pain control, but also has fewer side effects than traditional medications for pain taken by mouth, such as opiates. Planning for home care will begin when the surgery is scheduled or shortly after the surgery, while the patient is still in the hospital. Anesthesiology nurses will provide information to patients and their families about the catheter and pump, and they will also assist with home nursing care arrangements. After discharge from the hospital, a visiting nurse checks on the patient at home every day until the visits are no longer needed or someone from the team of the anesthesiologist will call you daily.

During their home continuous infusion therapy, patients can expect the following:

- A “mini-physical” exam will be conducted every day the catheter is in place.
- A nurse or physician will inspect the skin around the catheter entry site for signs of infection, such as tenderness, redness, and/or swelling.
- Patients will be asked questions about their ability to move the blocked arm or leg, and the degree of sensation they have.
- The catheter and pump will be inspected every day to make sure they are functioning properly.

After patients have been home for a day or two, the visiting nurse may call a few hours before the scheduled visit and ask patients to turn off the infusion pump. Turning off the infusion pump will allow patients and their nurses to determine if the continuous infusion therapy is still needed. Patients should not be alarmed if the pain returns. Patients can discuss options with the nurse, or contact the anesthesiologist's team. These options may include switching to oral pain-relieving medications or resuming the continuous infusion therapy.

Removal of the catheter at the end of continuous infusion therapy is a simple procedure done at home. The doctor may instruct patients to remove the catheter themselves and will guide them through the procedure, or the nurse will remove any dressings and tape used to secure the catheter and then slowly pull the catheter out. Removing the catheter

should cause no pain or discomfort. It is very important that patients tell the nurse if they experience any shooting or sharp pain down the blocked arm or leg as the catheter is removed.

It takes 2 to 6 hours for normal sensation to fully return after the infusion has been stopped. If patients experience numbness, tingling or weakness lasting longer than 36 hours after the block or the infusion is stopped, the anesthesiologist should be notified. Also, the anesthesiologist should be informed if any signs of infection are observed; these include fever, redness, tenderness, pain, or drainage from the surgical wound or the catheter entry site.

Portable Infusion Pumps

Portable infusion pumps come in a variety of shapes and sizes. Most pumps run on batteries, and most are disposable. A shoulder strap or fanny pack is usually provided to hold the portable pump. The pump's medication reservoir size varies from model to model, but is usually large enough to last for several days without a refill. Regardless of the model, all portable infusion pumps do the same thing: They are designed to provide a continuous infusion of local anesthetic through the catheter to the nerve. The infusion pump also allows patients to give themselves additional medication through the catheter for "break through" pain. Patients do not have to worry about overdosing or receiving too much medication because the pump has built-in

safety features. The hospital staff or visiting nurses should ensure that patients have the information they need to feel at ease with the portable infusion pump.

Patients should treat the pump as they would any sensitive electrical device. The pump should be kept away from water and other liquids, and it should be protected from accidental bumps. In addition, it should be kept away from small children and pets. Remember, the pump is a patient's best friend during this time. The visiting nurse service should be available 24 hours a day to answer any questions or concerns.

Will there be additional costs for a nerve block?

It is very easy to overlook the cost of medical care until the day a bill arrives in the mail. Knowledge of insurance coverage and deductibles for services like a peripheral nerve block and/or a visiting nurse will help patients make informed decisions. After talking with the anesthesiologist, patients should check with the hospital billing office and their insurance provider for potential out-of-pocket expenses. A continuous peripheral nerve block catheter and visiting nurse support are a fraction of the costs associated with traditional hospital stays following surgery.