



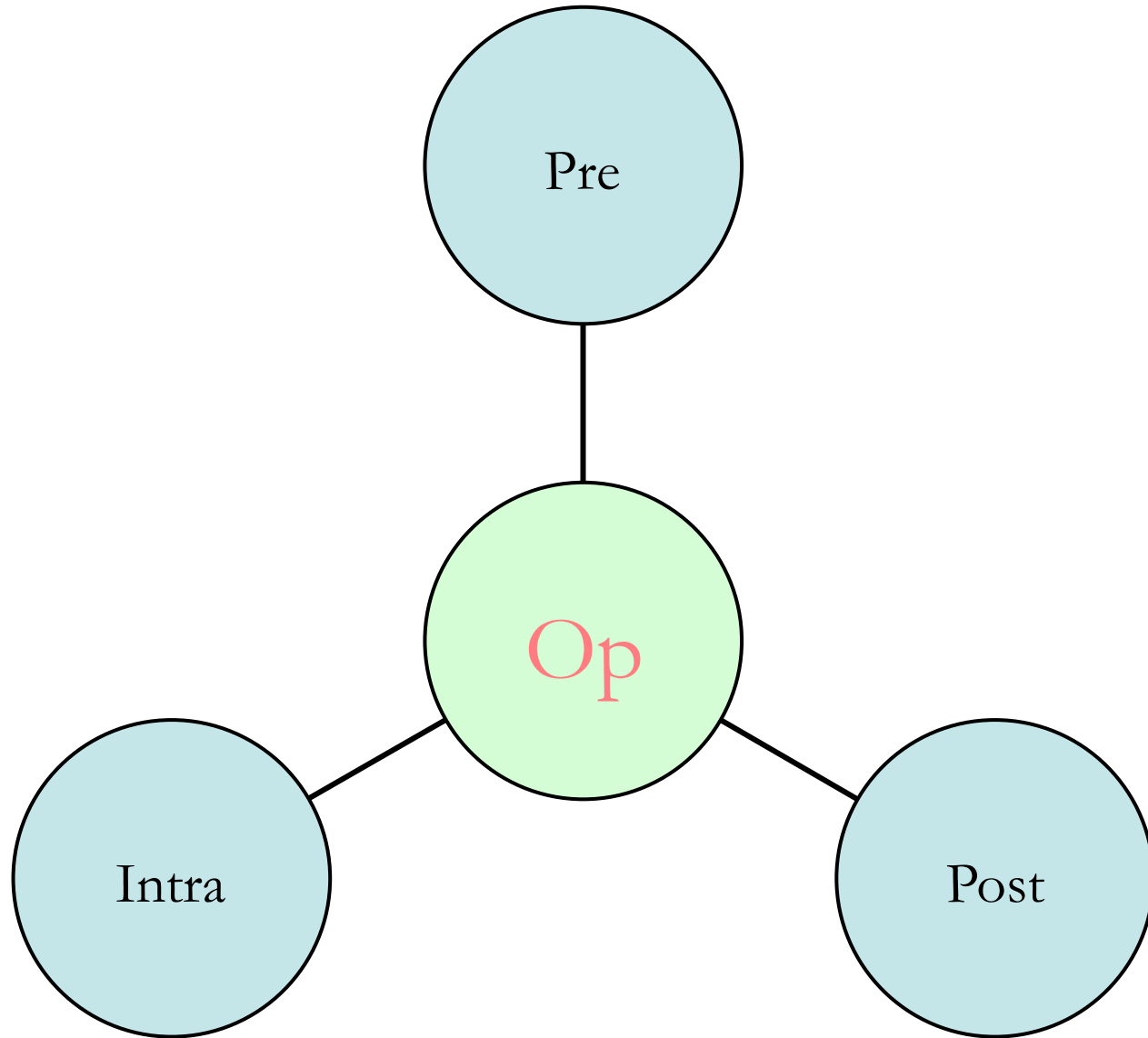
PERI-OPERATIVE CARE OF THE UPPER LIMB.

DR TONI HUNDLE FRCA FFPMRCA





journey



Primum non nocere

First, do no harm!

Another way to state it is that "given an existing problem, it may be better not to do something, or even to do nothing, than to risk causing more harm than good."

Intra-op

- **Anaesthetic room**
 - Monitoring
 - IV access
 - Sedation
 - Regional block?
 - +/- General anaesthesia
 - Secure airway
- **Theatre**
 - Transfer
 - Monitoring
 - Positioning and comfort
 - Warming
 - Record keeping and vigilance
 - Transfer to recovery





Checklist for any Regional Anaesthetic

- Is a nerve block essential?
- Do I want to do this nerve block for the patient or is it for me?
- Do the benefits for this patient out way the risks for this patient?
- Would local anaesthetic infiltration not be good enough?
- Have I taken informed consent?
- Have I discussed the nerve block with the surgeon?
- Am I satisfied that I know the proposed surgery?
- Do I know where I need the block to work?
- Do I know my anatomy?
- Do I know which block I am going to perform?
- Do I know my surgeon?
- Do I know my equipment?
- Do I know my drugs?
- Do I know how to technically perform the block?
- Do I know how to deal with any complications?
- Do I know how to deal with a failed or inadequate block?
- Do I have a plan B?

Pain Relief After Arthroscopic Shoulder Surgery: A Comparison of Intraarticular Analgesia, Suprascapular Nerve Block, and Interscalene Brachial Plexus Block

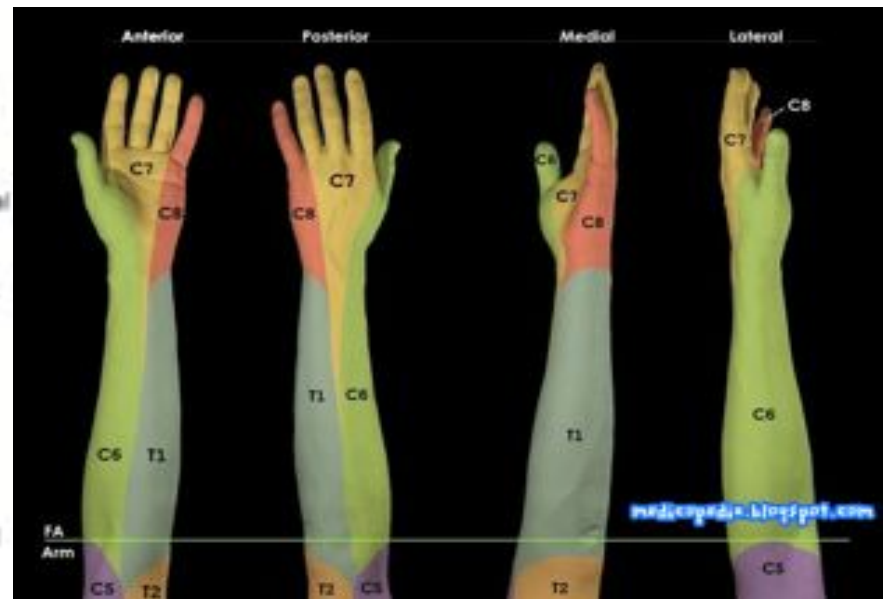
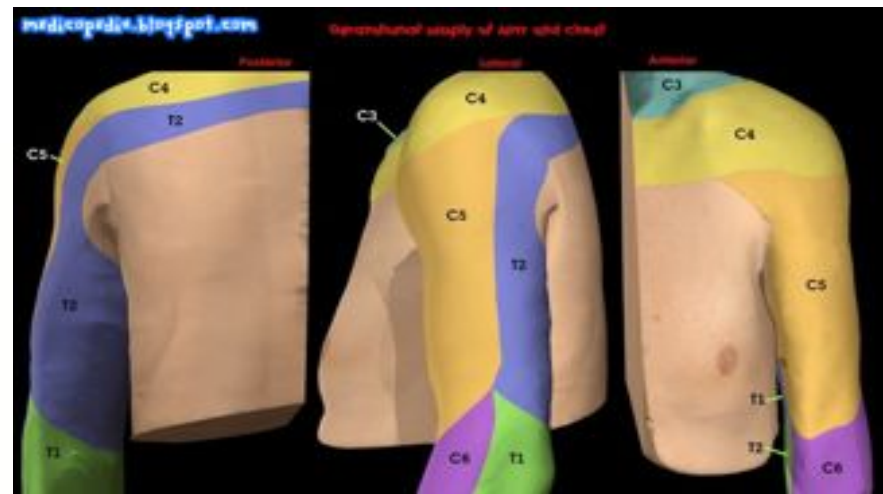
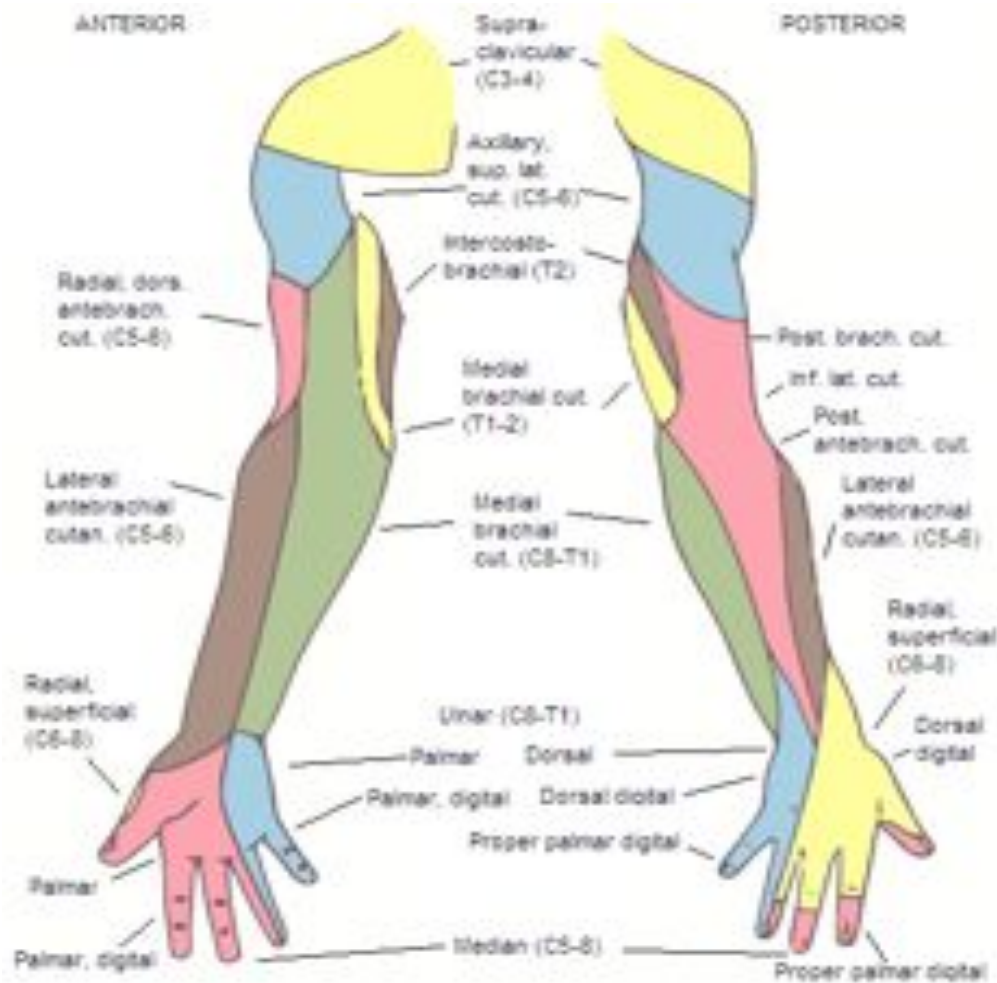
François J. Singelyn, MD, PhD, Laurence Lhotel, MD, and Bertrand Fabre, MD

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In this prospective, randomized, blinded study, we assessed the analgesic efficacy of interscalene brachial plexus block (ISB), suprascapular nerve block (SSB), and intraarticular local anesthetic (IA) after arthroscopic acromioplasty. One hundred-twenty patients were divided into 4 groups of 30. In Group ISB, the block was performed with 10 mL of 0.25% bupivacaine. In Group IA, 20 mL of 0.25% bupivacaine was administered intraarticularly at the end of surgery. In Group SSB, the block was performed with 20 mL of 0.25% bupivacaine. A control group was included for comparison. General anesthesia was administered to all patients. Patients were observed during the first 24 h. Pain

scores, supplemental analgesia, satisfaction scores, and side effects were recorded at 4 and 24 h. No significant difference was observed between the IA and control groups. When compared with these groups, Groups SSB and ISB had significantly lower pain scores. At 4-h follow-up, better pain relief on movement was noted in Group ISB than in Group SSB. When compared with controls, a significant reduction in morphine consumption and a better satisfaction score were noted only in Group ISB. We conclude that ISB is the most efficient analgesic technique after arthroscopic acromioplasty. SSB block would be a clinically appropriate alternative.

(Anesth Analg 2004;99:589-92)





Ropivacaine



Post-op

Recovery

- Monitoring
- Oxygen supplement
- Temperature regulation
- Nausea and vomiting relief
- Pain relief
- Documentation

Ward

- Physiotherapy
- Pain relief

Pain relief

- Managing expectations (keyhole surgery is just as painful but does not generate as much sympathy!)
- Use everything at your disposal
- Nerve Blocks
- LA infiltration
- “*Viscoseal*”
- Ice packs and “*Cryo-cuff*”
- Poly-pharmacy
 - Paracetamol
 - NSAIDs
 - Codeine
- Regular as clockwork regardless of pain scores
- 2 week supply

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Combining the therapeutic benefits of controlled compression and cold, the Shoulder Cryo/Cuff minimizes edma, hematoma, hemarthrosis, swelling, and pain. The anatomically designed cuff provides complete shoulder coverage for optimum treatment. The Shoulder Cryo/Cuff can be ordered with an extra long strap (12AXL) to adapt to larger chest circumferences.



Description

Shoulder Cryo/Cuff and cooler

Shoulder Cuff only

Shoulder Cryo/Cuff with Extra Long Strap and cooler

Shoulder Cuff with Extra Long Strap only

Chest Circumference

32" - 48" (81-122 cm)

32" - 48" (81-122 cm)

42" - 54" (107-137 cm)

42" - 54" (107-137 cm)

115 patients randomly audited			
18 GA and Block	1 Block only		96 GA and LA
Capsular release, RCR, Decompression +/- ACJ			Decompression, stabilisation, Laterjet, LARS ACJ, ORIF clavicle, Pec Major repair, Bicep tenodesis
19 patients responded			60 patients responded
21% (4)		No pain	17% (10)
37% (7)		Mild Pain	57% (34)
42% (8)		Moderate	25% (15)

The easiest way to solve a problem is to pick an easy one.

Franklin P. Jones

Further information

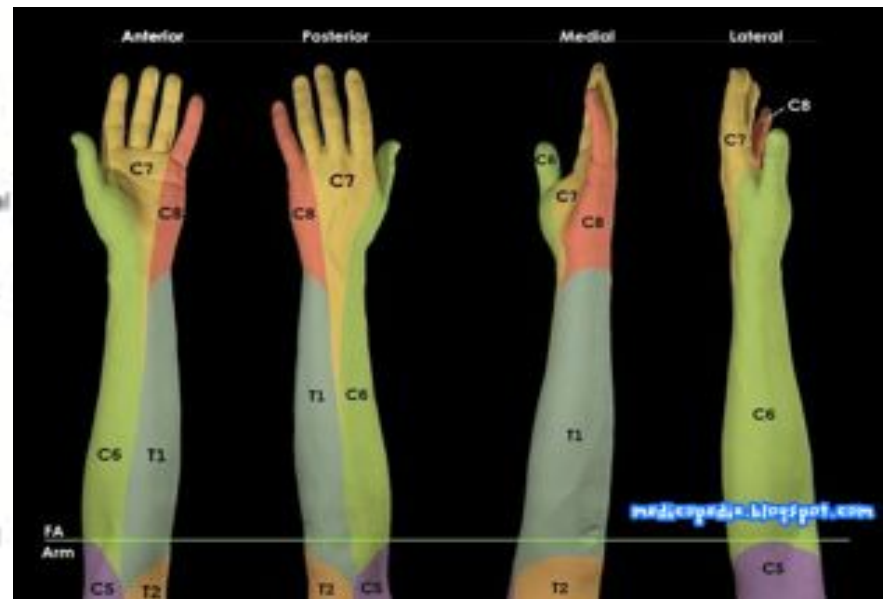
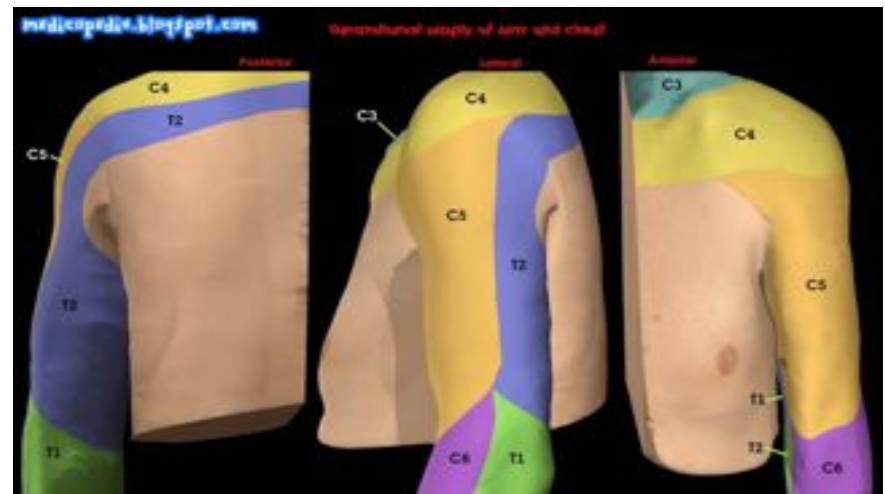
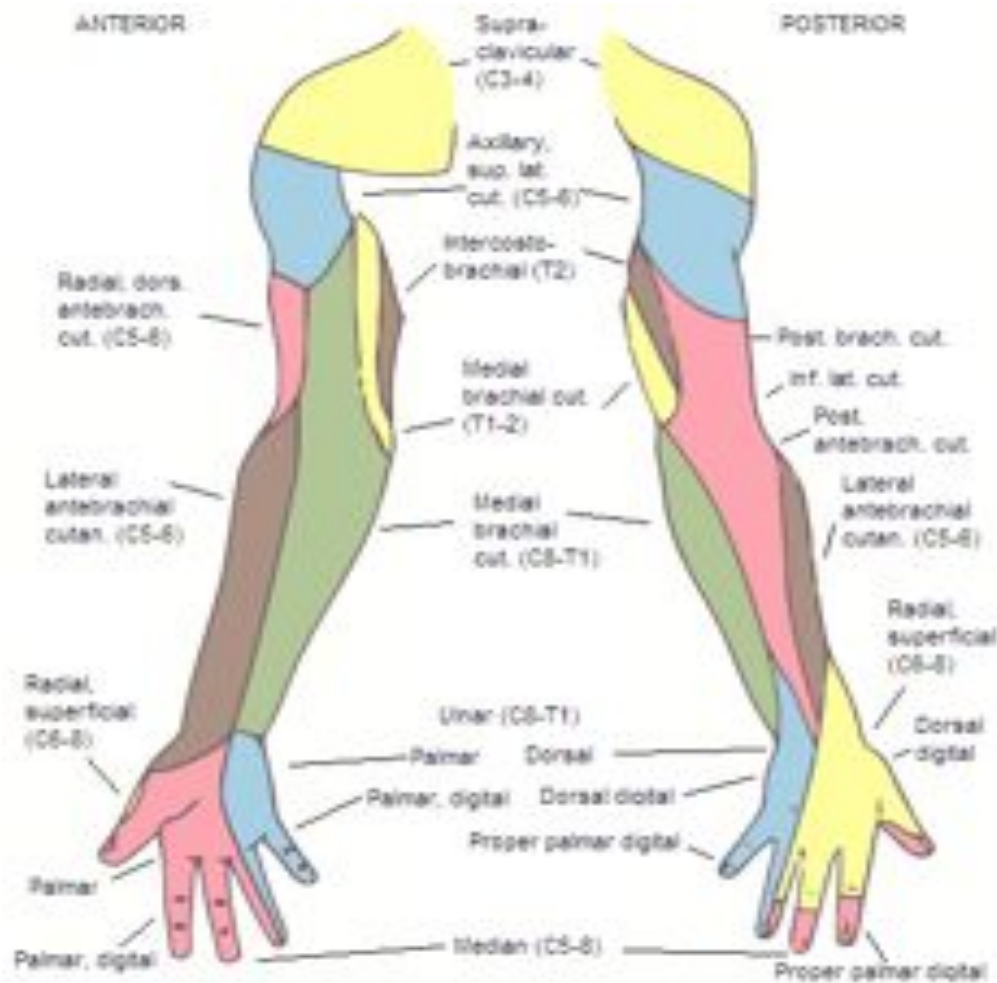
The screenshot shows the homepage of Shoulderdoc.co.uk. At the top left is the logo and name 'Shoulderdoc.co.uk'. To the right, contact information is provided: 'For Treatment or More Information: info@shoulderdoc.co.uk, 0161 227 0027'. The main navigation menu includes 'Patient Information', 'Elbow', 'Patient Experiences', 'Shoulder', 'Your Surgery', and 'Diagnose your Shoulder'. A central image of a female healthcare professional is shown with the text '[click on image to play/pause]'. Below this is a section for 'Latest Patient Information Articles' with a list of recent articles including 'Bristow-Latarjet Procedure [18 March 2011]', 'Rotator Cuff Repair Animation', and 'Arthroscopic Rotator Cuff Repair Video'. A newsletter sign-up form is located below the articles. On the right side, there are several vertical banners for 'Diagnose your shoulder', 'Interactive surgery', 'Being a patient', 'Shoulder Surgery Booklet', and 'More info'. At the bottom, there are logos for 'ORTHOTEERS', 'wrightington', and 'wrightington Upper Limb Unit'. The footer contains the copyright notice '©2011 Shoulderdoc' and 'Website by Regency Medical Marketing'.

- Shoulderdoc.co.uk
- Elbowdoc.co.uk



Chronic pain

- Pain lasting longer than 3 months
- Any trauma - including surgery
- Myofascial pain
- Neuropathic Pain
- Complex Regional Pain Syndrome





Treatments

- Placebo effect in Chronic pain patients
 - Steroid injections Pros and Cons
 - Drugs – Yes Please!
 - Manual therapies
-
- Everything is geared to return to normal function and quality of life

Qutenza[®]

179 mg Cutanes Pflaster
179 mg δερματικό επίθεμα

Capsaicin; καψαϊκίνη

Ein kutanes Pflaster. Zur Anwendung auf der Haut.
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Jedes kutanes Pflaster mit einer Fläche von 289 cm² enthält insgesamt 179 mg Capsaicin entsprechend 640 Mikrogramm Capsaicin pro cm² Pflaster (289 mg/m²). Pflaster Matrix: Ethylacrylat, Glycerin, Polyethylenglykollithioether (PE-Gel), Dimethion 12500 (E), Ethylacrylat, N-Butylmaleimid, Kaptonfolie, Polyester-Trägerfolie, Druckfolie mit Polyethylen-E-Außenhaut (Schutzfolie), Polyester-Schutzfolie. Nähere Informationen siehe Packungsbeilage. Arzneimittel für Kinder unzugänglich aufbewahren. **▲** Flach liegend im Originalverpacken und Unverpackt aufbewahren. Nicht über 25°C lagern. Das Pflaster innerhalb von 2 Stunden nach Öffnen des Beutels verwenden. Gebrauchte und ungebrauchte Pflaster, verbrauchte und alle sonstigen Materialien, die mit dem behandelten Hautareal in Kontakt waren, sollten in einem Polyethylenbeutel versiegelt und in einem geeigneten Behälter für medizinischen Abfall entsorgt werden. Verschleißungspflichtig. Packungsbeilage beachten.

Kάθε δερματικό επίθεμα 289 cm² περιέχει συνολικά 179 mg καψαϊκίνη ή 640 μικρογράμματα καψαϊκίνη ανά cm² του επίθεματος (289 mg/m² επιθέμα). Μέτρα: εθυλακρύλη, γλυκερίνη, πολυεθυλενογλυκόλιθιοαιθέρας (PE-Gel), διμεθιόνη 12500 (Ε), εθυλακρύλη, Ν-βουτυλμαλεϊμίδη, καπτόν φιλμ, πολυεστέρας φορέας, τυπωμένη μεμβράνη με πολυαιθυλένιο Ε-αυτοκόλλητο, κάπτον φιλμ, πολυεστέρας προστατευτική μεμβράνη. Για περισσότερες πληροφορίες ανατρέξτε στο φύλλο οδηγιών χρήσης. Να φυλάσσεται σε θέση την οποία δεν βλέπουν και δεν προσγγίζουν τα παιδιά. **▲** Φυλάσσετε σε οριζόντια θέση στον αρχικό φακέλλο και στο κουτί του. Φυλάσσετε σε θερμοκρασία μικρότερη των 25°C. Χρησιμοποιήστε το επίθεμα εντός 2 ωρών από το άνοιγμα των φακέλλων. Τα χρησιμοποιηθέντα και μη χρησιμοποιηθέντα επίθεμα, οι γάζες και όλα τα άλλα υλικά που έχουν έρθει σε επαφή με την υπό θεραπεία περιοχή απορρίπτονται αφού πρώτα αφαιρεθούν σε ασφαλή κεντρική απορριμματού από πολυαιθυλένιο και τοποθετηθούν σε κατάλληλο δοχείο για ιατρικά απορρίμματα. Φάρμακο/εμπόδιο προϊόν για το οποίο απαιτείται ιατρική συνταγή. Διαβάστε το φύλλο οδηγιών πριν από τη χρήση.

Resources

- Understanding Pain: What to do about it in less than five minutes?

<http://www.youtube.com/watch?v=4b8oB757DKc>

- Nerve Whiz – iphone app

Choose a job you love, and you
will never have to work a day in
your life.

Confucius