APPENDIX: Standardized script

A brachial plexus nerve block involves the injection of medication around specific nerves to decrease the feeling of the nerves of the shoulder, arm, and/or hand. We will use ultrasound to see and target specific nerves. It is important that you be well informed regarding both the risks of this type of nerve block.

This block involves the injection of medication around nerves. As such, there is a risk of nerve damage. The risk of long-term nerve damage caused by an interscalene block is difficult to measure precisely. Studies show that it happens in up to 1 in 5,000 blocks. Temporary nerve damage is also possible. About 1 in 10 patients notice a prolonged patch of numbness or tingling in their arm. These symptoms will resolve in 95% of these patients within four to six weeks, and in 99% within a year.

In addition to nerves, there are also blood vessels located in the area of injection. Because of this, there is a risk of damage to a blood vessel which usually resolves with simple compression to stop any bleeding. Very rarely, a seizure or other life-threatening event may occur.

With the block, we target the injected medication to affect specific nerves. Injected medication might, however, spread and affect some other nerves. This may result in hoarse voice, droopy eyelid, and/or some difficulty breathing. These resolve as the block wears off.

There is a less than 1 in 1,000 risk of damage to the covering of the lung, causing difficulty breathing.

There is also a small risk that your brachial plexus nerve block will not work and that you will have to receive a general anesthetic.