

1. You have had a _____ nerve block with your procedure today.
2. Pain is unpredictable and varies from one patient to another. Some patients may experience severe pain, while others have only minimal discomfort. It is important that your post-surgical pain is well controlled so that you will be able to tolerate normal, everyday movement. Please follow your doctor's instructions as to what activity is best for you.
3. Your arm/leg will be numb for several hours. It is important for you to start taking the pain medicine prescribed by your doctor before the numbness goes away. It is better to treat pain in advance than to catch up with it. Using your pain medication on a schedule is usually preferable to using it only when you have pain.
4. Follow the instructions on your pain medicine prescription. Avoid taking pain medications on an empty stomach. If the medication causes a reaction such as nausea or a skin rash, stop the medication and call your doctor. Do not drive or drink alcoholic beverages when taking pain medication.
5. The following strategies may also help you better manage your discomfort:
 - Slow, deep breathing
 - Whole body relaxation
 - Ice therapy as prescribed by your surgeon
 - Changing body position or sitting up
 - Proper positioning of your arm/leg as instructed
 - Watching TV or listening to music
6. Pain medicine and inactivity may cause constipation. A diet consisting of fiber, whole grains, fresh fruit, and drinking plenty of fluids may prevent this. A mild stool softener may also be prescribed by your doctor.
7. It is possible that some nerve blocks may last longer than a day. If you are not able to move the arm / leg or feel any sensation at all (touch, warm, cold, pain) for more than 24 hours after your nerve block, please contact us by phone at (410) 448-6432 between the hours of 8AM and 9PM, Monday through Friday. After 9PM and on week-ends, contact us at (410) 443-2500 and ask for the Off Shift Coordinator.
8. Suggested medication schedule:
Time of dose given on discharge _____
Time of first dose when at home _____
Time of second dose when at home _____
Time of third dose when at home _____
Time of fourth dose when at home _____