

# How I Graduated to Peripheral Nerve Blocks

Chris Zielinsky, MD, Niles, Mich.

GOOD NEWS FROM THE front lines of academia: Although it's been slow, comprehensive regional anesthesia residency rotations are starting to catch on, and the practitioners these programs are producing are making regional anesthesia more widely available to surgical facilities.

I have first-hand knowledge: As a recent resident, I experienced two month-long rotations in regional anesthesia. Today, in private practice, I'm using my training daily. Having seen the benefits of PNBs first hand, I am completely convinced of their value. Though I still have much to learn, I am fully comfortable with administering many types of peripheral nerve blocks. Importantly, I also feel well trained to communicate the benefits of PNBs to patients.

In my rotation, I received a solid grounding in anatomy training that included cadaver dissections. I cared for patients from the pre-op visit through to the post-op encounter. I performed and managed single-shot and continuous-infusion blocks on all kinds of patients, for all kinds of procedures.

Every day, I had the opportunity to work through problems, all the while knowing that the attendings would not allow me to place patients at undue risk. I vividly remember the time I performed my first block on a morbidly obese patient. Locating the nerve was a real challenge, but I ultimately succeeded. I valued the opportunity to troubleshoot and



Fotolia

even struggle. If it had been easy, I wouldn't have learned as much. With this hands-on experience, my skills improved quickly.

During my training, I came to understand why peripheral nerve blocks can be so beneficial for patients. I will never forget the patient who had a cervical spine fracture and was in a halo device. She also had a hand injury that required skin grafting and reconstructive procedures on an almost weekly basis. I performed blocks on her for multiple surgeries, and as I actively participated in her care, I developed a deep understanding of her challenges. I felt great knowing that my blocks enabled her to undergo these procedures without being subjected to awake fiber optic intubation. The feeling of accomplishment and support I was able to provide her remains with me.

One of the most valuable things I

learned was how to talk to patients about peripheral nerve blocks. I learned how to demonstrate the benefits and potential complications in a balanced, easy-to-understand manner. I developed the ability to reassure patients who were concerned about being "awake." In a nutshell, I learned how to help patients make good decisions about their care.

I feel fortunate to have attended one of the few universities that provided comprehensive regional anesthesia rotations. Now, I view PNBs as a bridge that offers the path of least resistance between surgery and recovery, and I'm grateful that I can translate this experience to clinical practice. The good news is that more universities are following suit, and more, better-prepared regional anesthesia practitioners will soon be coming to surgical facilities across the country.



*Dr. Zielinsky received his anesthesia residency training at the University of Louisville. He is now an anesthesiologist with Michiana Anesthesia Care in South Bend, Indiana.*

The views expressed in this advertorial are those of the author only. Providers and clinicians are obligated to make their own determination of the appropriate medical treatment for each of their patients.

Brought to you as an educational service by

**B | BRAUN**  
SHARING EXPERTISE