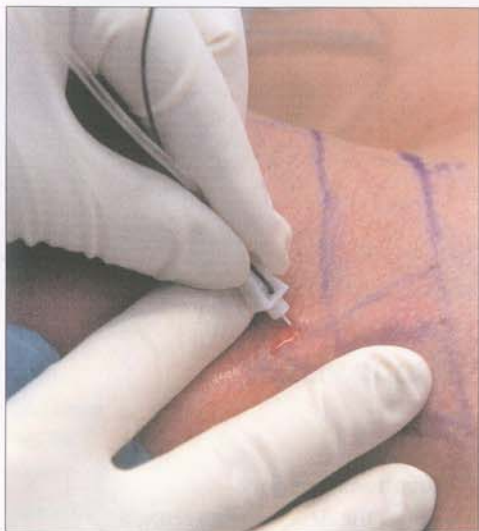


Nerve Blocks Improve Patient Well-Being

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IN THE GROWING BODY OF REGIONAL anesthesia literature, and in my own practice, peripheral nerve blocks (PNBs) represent an improvement in surgical care that goes beyond pain and PONV reduction. PNBs improve patient well-being and outcome after surgery. Perhaps the greatest measure of well-being is patient satisfaction.



Peripheral nerve blocks, like this interscalene brachial plexus block for shoulder, arm and elbow surgery, can improve the patient's entire surgical experience.

faction. Patient satisfaction reflects not only the quality of care; it also has a direct effect on the bottom line, since referrals can comprise 10 to 15 percent of a hospital's revenue. Research shows that patients receiving PNBs report greater satisfaction than those receiving general anesthesia. Here are some examples:

- In a recent meta-analysis of controlled studies comparing regional and general anesthesia, more PNB patients rated

their satisfaction as "excellent" (88 vs 72 percent).¹

- In a new controlled study of 50 outpatient rotator cuff repairs, patients who received interscalene brachial plexus blocks were more satisfied with their care than those who received fast-track general anesthesia plus post-op bupivacaine wound infiltration. They bypassed PACU more frequently, reported less pain, ambulated earlier, were ready for home discharge sooner, and had no unplanned hospital admissions. Four of 25 patients who underwent general anesthesia had unplanned admissions.²

PNBs also speed up rehab and make it more pleasant. In a study of total knee replacement patients, those who received continuous-infusion regional anesthesia and those who received general anesthesia and patient-controlled morphine had similar outcomes after one month. But members of the former group had lower pain scores and significantly better range of motion one week after surgery, and they also checked out of rehab three days earlier than the general anesthesia group.³ And because these patients are more mobile earlier, they may have a lower incidence of pulmonary emboli and DVT, several studies suggest.

PNBs do have a small potential for complications, and these can certainly compromise well-being. However, anesthesiologists are getting better and better at delivering blocks and, as the level of expertise rises, complications get rarer. Block-related

complications are also typically minor and transient. French researchers who reviewed more than 158,000 regional anesthesia procedures reported just 12 patients who experienced post-PNB neurologic complications, with most of them resolving quickly.⁴ A separate Duke study of 1,791 patients and 2,382 continuous-infusion blocks showed that six patients had persistent paresthesia that was potentially block-related.⁵

In my practice, PNBs have improved my patients' entire experience—from beginning to end. For me, this is the most compelling reason why we should utilize regional anesthesia techniques solely or in combination with general anesthesia whenever we can.

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