

# Patient Satisfaction After Hand Trauma Surgery Performed Under Regional Anaesthesia

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## Background

It is established that use of regional anaesthesia as the sole anaesthetic method results in faster recovery and superior pain relief<sup>1</sup>, whilst having fewer side effects and high patient satisfaction<sup>2</sup>. This study follows on from a previous audit analysing data following hand surgery performed under regional anaesthesia.

## Methods

Pain scores, satisfaction rates and complications were reviewed from patients who received a block for hand trauma surgery since 2012.

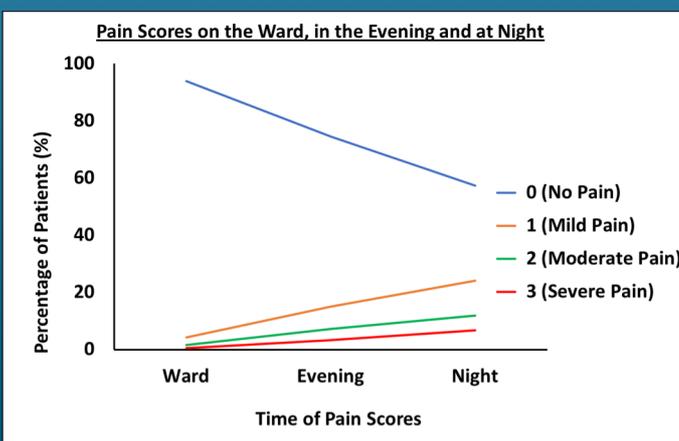
## Results

Of the 1838 patients who had complete data, mean age was 42, 68% were male and 95% ASA 1-2.

The majority were day case procedures (92%) lasting < 2 hours (99%). Axillary blocks were most common (78%), followed by infraclavicular blocks (16%). Forearm top-up blocks occurred in 9%. The intra-operatively quality of the block was "perfect" in 94% of cases.

Whilst motor weakness was rated as "a little annoying" by 21% of patients, the majority (72%) did not find it an issue. No pain was experienced by 94% of patients on the postoperative ward, dropping to 74% and 57% in the evening and night of surgery, respectively (see graph 1).

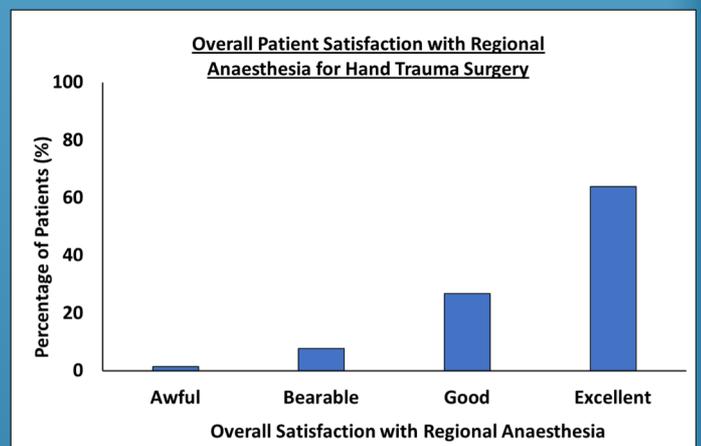
### Graph 1: Pain Scores



Most were performed without sedation (86%) and few patients felt pain or paraesthesia during the block (1% and 5%, respectively), with 77% describing the experience as "not unpleasant".

Overall, 91% of patients reported satisfaction rates of good or excellent, with 92% saying they would have regional anaesthesia again.

### Graph 2: Overall Patient Satisfaction



The complication rate was very low and, in most cases, found to be due to the primary injury or surgery rather than the regional block.

## Conclusions

Use of regional anaesthesia for hand trauma patients produces excellent results in the majority of patients.

This, along with the low complication rates, suggests that routine follow-up is unlikely to be needed in the future.

## Acknowledgements

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## References

- Hadzic A, Williams BA, Karaca PE, Hobeika P, Unis G, Dermksian J, Yufa M, Thys DM, Santos AC. For outpatient rotator cuff surgery, nerve block anaesthesia provides superior same-day recovery over general anaesthesia. *Anesthesiology* 2005; **102**: 1001-7.
- Klein SM, Nielsen KC, Greengrass RA, Warner DS, Martin A, Steele SM. Ambulatory discharge after long-acting peripheral nerve blockade: 2382 blocks with ropivacaine. *Anesthesia & Analgesia* 2002; **94**: 65-70.