PATIENT SATISFACTION WITH UPPER LIMB REGIONAL BLOCKADE IN A TERTIARY REFERRAL HAND TRAUMA CENTRE

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Introduction

The Birmingham Hand Centre at the Queen Elizabeth Hospital Birmingham (QEHB) provides trauma and elective tertiary hand services for the West Midlands undertaking approximately 3500 operative procedures each year, the majority of which are performed as day case procedures solely under regional blockade. The regional block service has developed alongside the hand service and is now integral in its delivery. To complement previous audits of block effectiveness and drug dosing we have now audited patient satisfaction of the block service following ultrasound-guided upper limb brachial plexus blockade. The duration of the blockade and quality of post block analgesia were also examined as they may influence patient satisfaction and could be a target for future changes in practice.

Methods

The upper limb blocks are carried out under ultrasound guidance and nerve stimulation. They are performed by Consultant anaesthetists, Physicians' Assistants (Anaesthesia) and trainee anaesthetists whom use a standardised 50:50 mix of 0.75% ropivacaine and 2% lignocaine with 1:200.000 adrenaline.

Patients with a upper limb blockade for surgery, were followed up with a questionnaire via a telephone interview within 5 days post operation.

Results

There were 53 patients with an upper limb axillary brachial plexus block followed up between March 2018 and May 2018, with a mean follow up time of 2.7 days (Fig. 1). It was reported that 92% of the patients had full satisfaction with the block service (Fig. 4). Similarly, 92% of patients said they would be happy to have a block again in the future (Fig. 6). Analysis of block duration demonstrated the median block duration was 7.5 hours in patients (Fig. 3). The median pain score upon resolution of the block was 7/10 (Fig. 5) and 30% reported poor post-block pain control (Fig. 2). There was no identifiable correlation between the magnitude of surgery and initial severity of pain.

Figure 1

Figure 2

Conclusion

The results demonstrate that there is high patient satisfaction in those receiving the brachial plexus blockade with the majority citing that they would utilise the block service again. Many patients experience moderate to severe pain upon resolution of their block and improvements should target providing stronger post-block analgesia possibly through a standardised approach to post-operative analgesia.

Figure 3

Block duration

Figure 4

Figure 5

Initial pain score post blockade

Figure 6