

## PROPOSED PROCEDURE

Right Achilles Repair

## SURGEON

Dr. Kou

SCHLEGEL, NIKOLAI

ID / Visit: 97281 / 1

Gender: M

DOB: 9/30/1970

Age: 51

Phys: KOU, JOSEPH

DOS: 8/31/2022

## INFORMED CONSENT TO OPERATION AND OTHER MEDICAL SERVICES INCLUDING TRANSFUSION(S)

1. The facility maintains personnel facilities to assist physicians and surgeons as they perform various surgical operations and other diagnostic or therapeutic procedures. Generally, such physicians, surgeons and practitioners are not agents, servants or employees of the facility, but independent contractors and, therefore, are the patient's agents or servants. The facility provides nursing and support services and facilities; the facility does not provide medical physician care.
2. The nature, purpose, and potential benefits of the listed procedure(s), as well as the possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me by my physician. I am aware that the practice of medicine and surgery is not an exact science and no guarantees have been made to me by anyone as to the results of the operation or procedure. I acknowledge that I have had the opportunity to discuss my concerns or questions with my doctor, and that my questions have been answered to my satisfaction.
3. My consent is given with the understanding that any operation or procedure involves risks and hazards. The more common risks include: infection, bleeding with the need for blood transfusion, nerve injury, blood clots, heart attack, stroke, allergic reaction, damage to teeth or bridgework, and pneumonia. These risks can be serious and possibly fatal.
4. I recognize that in an emergency or exceptional circumstances additional procedures, other than those specifically state above, may be necessary. I consent and request my physician and/or his designees to perform such procedures.
5. I authorize and direct the above named surgeon to arrange for such additional services for me as he or she may deem necessary or advisable, including but not limited to the administration and maintenance of anesthesia and the performance of pathology and radiology services, to which I hereby consent. In this event I consent to the release to the surgery center of all information and results regarding these services.
6. I authorize the pathologist or physician to use his or her discretion in disposing of any member, organ, implant, prosthetic, or other tissue removed from my person during the operation(s) or procedure(s).
7. **I DO / DO NOT** (circle one) authorize the administration of transfusions of whole blood or blood products to me as may be deemed advisable by the anesthesiologist, my attending physician and/or his associates or assistants. I understand that despite the exercise of due care the transfusion of blood or blood products is always attended with the possibility of some ill effects such as the transmission of hepatitis, HIV or certain other diseases, accidental immunization, or allergic reaction. I understand that in an emergency it may be necessary for the patient's well being to use existing stocks of blood which may not include the most compatible blood types. (If the patient circles **DO NOT**, obtain the patient/guardian signature on the Refusal to Permit Blood Transfusion form).
8. In the event of an accidental exposure of my blood or bodily fluids to a physician, contractor or employee of the facility, I consent to testing for HIV and Hepatitis.
9. I understand that it is my responsibility and I have arranged for a responsible adult to drive me home and remain with me following my surgery. I understand that I should not operate a motor vehicle, machinery or potentially dangerous appliances, drink alcoholic beverages, or make critical decisions for 24 hours or possibly later until the effects of my medications have worn off.
10. I hereby consent to the presence of other person(s) for the sole purpose of observation and/or education. I understand that this individual(s) will not participate in the actual procedure.
11. I consent to the use of video-taping or photography that may be used for scientific or teaching purposes, and to the review of my medical record for bona fide medical healthcare research providing my name or identity is not revealed.
12. I release the facility from any responsibility for loss and/or damage to money, jewelry or other valuables I brought into the facility.
13. I understand that if I am pregnant or if there is any possibility I may be pregnant, I must inform the facility immediately since the scheduled procedure could cause harm to my child or to myself.
14. I am aware that my physician may have an ownership interest in the facility, and I acknowledge that I have a right to have the procedure performed elsewhere.
15. I understand in the rare event that hospitalization is required during or immediately after surgery, my physician will arrange for my transfer to a local hospital. In this event I consent to the release of all medical information from the admitting hospital to this facility.
16. I have not eaten or taken fluids, not even water, since DATE 8/30/22 TIME 2000 AM / PM except for a sip of water taken with medication as instructed by my physician.
17. My signature below constitutes my acknowledgement that (1) I have read or have had read to me the forgoing, and I agree to it; (2) the procedure(s) has been adequately explained by my physician; (3) I authorize and consent to the performance of the procedure(s) and any additional procedure(s) deemed advisable by my physician in his or her professional judgment; (4) I authorize and consent to the administration of anesthesia for the said procedure(s).
18. If I am not the patient, I represent that I have the authority of the patient who, because of age or other legal disability, is unable to consent to the matters above. I have full right to consent to the matters above, and I consent to same; (b) I hereby indemnify and hold harmless the facility, its employees, agents, medical staff, partners and affiliates from any cost or liability arising out of my lack of adequate authority to give this consent.
19. I have received and reviewed the Patient Rights and Responsibilities.
20. I give the facility permission to leave a post operative follow up call message at the phone number (s) I have provided.

DATE 8/31/22 TIME 0805 PATIENT'S SIGNATURE [Signature]  
DATE 8/31/22 TIME 0805 WITNESS TO SIGNATURE [Signature]

If patient is a minor or unable to sign complete the following

☐ Patient is a minor ☐ Patient is unable to sign because: \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ WITNESS TO SIGNATURE \_\_\_\_\_



I authorize and direct Meeran, M.D. (anesthesiologist) and his/her associates to provide anesthesiology services for me including the performance of any additional procedures that in his/her judgment may be advisable and medically necessary for my well being.

Anesthesia involves the use of medications and procedures. Anesthetic medications may, on occasion, cause unusual or unexpected reactions in some patients. In addition, ones' physical condition or health may influence the actions of anesthesia medication. Anesthetic procedures are often necessary to provide you with a safer anesthetic and recovery from surgery. Examples of anesthetic procedures include placing catheters into arteries and veins or placing tubes/probes down the esophagus. These additional procedures allow for more intensive monitoring of your vital functions and are intended to provide your anesthesiologist with as much information as necessary to provide you with sound medical care. All reasonable precautions will be taken; however, unforeseen reactions or complications can occur.

I understand and accept that certain hazards and risks, although uncommon, are inherent with anesthesiology services. Post anesthetic nausea and vomiting, headache, inflammation of a vein(s), recall of sound/noise/speech by others, sore throat, and injury to mouth/lips/vocal cords/eyes are examples of some potential complications. Even though steps are taken to protect teeth/dentures/bridgework there is no guarantee against accidental damage, even for normal teeth.

Anesthesia may also result in more serious heart, lung, nerve, or muscle dysfunction. Although very rare, there is always a remote risk of paralysis, brain damage, heart attack, or death with the administration of anesthetics.

Regional anesthetics such as spinals, epidurals, and nerve blocks can have other potential complications such as backaches, headaches, and/or nerve injuries. Nerve injuries can result in persistent pain, numbness and/or weakness.

There is no guarantee against the development of complications with the administration of any type of anesthesia or the performance of anesthetic procedures.

I understand that conditions may develop that may require a change in the type of anesthesia initially decided upon by me and my anesthesiologist and that additional procedures may become necessary during the course of an anesthetic. I therefore authorize, in advance, modifications or extension of this consent as medical judgment may indicate.

The nature of the proposed anesthesiology services and available alternatives have been explained to me. No warranty or guarantee has been given to me. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I, therefore, consent for anesthesiology services.

x / [Signature] 8/31/22 0745  
Signature Patient/Parent/Conservator/Guardian Date/Time

[Signature] 8/31/22 0745  
Signature Witness Date/Time

CONS-11 (12/15/05)



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## CONSENT FOR ANESTHESIOLOGY SERVICE

### PATIENT LABEL

SCHLEGEL, NIKOLAI  
ID / Visit: 97281 / 1  
DOB: 9/30/1970  
Phys: KOU, JOSEPH  
DOS: 8/31/2022

Gender: M  
Age: 51

Rev.8/2017



Autorizo e instruyo al Dr. \_\_\_\_\_, (anestesiólogo) y a sus asociados, proporcionarme los servicios de anestesiología, incluyendo la realización de cualquier procedimiento que, en su criterio, sea aconsejable y médicamente necesario para mi bienestar.

La anestesia involucra el uso de medicamentos y procedimientos. En ocasiones, medicamentos de anestesia, pueden causar, en algunos pacientes, reacciones inusuales e inesperadas. Adicionalmente, el estado físico o salud del paciente pueden influenciar las acciones de la medicación de anestesia. Los procedimientos anestésicos son frecuentemente necesarios para proporcionarle una anestesia más segura y recuperación de su operación. Ejemplos de procedimientos anestésicos incluyen, la colocación de catéteres dentro las arterias y venas o colocación de tubos o sondas por el esófago. Estos procedimientos adicionales, permiten un control más intensivo de sus funciones vitales y están ahí para proporcionar a su anestesiólogo con la mayor cantidad de información necesaria para proporcionarle a usted la mejor atención médica. Se tomarán todas las precauciones razonables; sin embargo, pueden ocurrir reacciones o complicaciones impredecibles.

Entiendo y acepto que existen ciertos peligros y riesgos que, aunque no muy comunes, son inherentes a los servicios de anestesiología. Náuseas y vómitos, dolor de cabeza, inflamación de la vena o venas, volver a escuchar sonidos, ruidos, habla por otros, dolor de garganta y lesiones en la boca, labios, cuerdas vocales, u ojos, son un ejemplo de algunas posibles complicaciones. No obstante que se toman pasos para proteger los dientes, placas dentales, prótesis dental, no hay ninguna garantía contra daños accidentales, incluso en una dentadura normal.

La anestesia puede resultar en la disfunción del corazón, pulmones, nervios, o músculos. Aunque muy raro, siempre existe un riesgo remoto de parálisis, daño cerebral, ataque al corazón, o muerte con la administración de anestésicos.

Los anestésicos locales como ser a la espina dorsal, epidurales y bloqueo de nervios, pueden tener otras complicaciones como ser, dolores de espalda, dolores de cabeza, y/o lesiones en los nervios. Las lesiones en los nervios pueden resultar en dolor persistente, entumecimiento y/o debilidad.

No existe ninguna garantía contra el desarrollo de complicaciones debido a la administración de cualquier tipo de anestesia o el comportamiento de procedimientos anestésicos.

Entiendo que se pueden desarrollar condiciones que puedan requerir un cambio en el tipo de anestesia inicialmente decidida por mí y mi anestesiólogo y que puede requerir la necesidad de procedimientos adicionales, durante el curso de una anestésico. Por lo tanto, autorizo por adelantado, modificaciones o extensiones a esta autorización, de acuerdo a lo que el criterio médico pueda dictar.

Me han explicado la naturaleza del servicio de anestesiología propuesto y las alternativas disponibles. No se me ha otorgado, ninguna seguridad o garantía. He tenido la oportunidad de hacer preguntas y mis preguntas han sido respondidas a mi entera satisfacción. Por lo tanto, doy mi consentimiento a los servicios de anestesiología.

Firma Paciente / Familiar / Conservador / Apoderado Fecha/Hora

Firma Testigo Fecha/Hora

CONS-11 (12/15/05)



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## CONSENTIMIENTO PARA SERVICIOS DE ANESTESIOLOGIA

PATIENT LABEL

## DISCHARGE INSTRUCTIONS

You have just experienced "Ambulatory Surgery." We hope your visit was a pleasant one. Since you are continuing your recovery in the comfort of your home, here are some key points to keep in mind during your recovery...

### EATING

1. Begin with clear liquids. Eat light food for the first few hours after surgery (Jell-O, soup, crackers).
2. Progress to regular foods as tolerated. Avoid heavy, greasy and spicy foods for the first 24 hours.
3. NO alcoholic beverages for 24 hours, and for as long as you are taking prescription pain medication.

### ACTIVITY

1. You may feel dizzy, move slowly at first.
2. Limit your activities for the first 24 hours. Be sure to rest the day of your surgery.
3. Have a responsible adult stay with you, to assist in your care for the first 24 hours.
4. Do not make any important personal or business decisions or sign any legal documents for 24 hours.
5. Do not drive or operate heavy machinery for 24 hours.
6. Do not engage in heavy work or athletic activities until your surgeon's approval.

### PAIN

1. Fill your pain prescriptions and take as directed.
2. Elevate your surgical site above the level of your heart.
3. Apply ice to your surgical site for 15-20 minutes, every hour, if not contraindicated by your surgeon.
4. If your pain is not relieved by any of the above items, please call your surgeon.

### NAUSEA & VOMITING

1. Nausea and vomiting can occasionally occur after anesthesia.
2. Remain on a clear liquid diet until the nausea goes away.
3. If the nausea or vomiting does not go away, please call your surgeon.

**SCHLEGEL, NIKOLAI**

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### BLEEDING

1. Observe your bandage for any bleeding or drainage.
2. If bleeding is noted, elevate the site, apply pressure for ten minutes and call your surgeon.
3. If the bleeding does not stop, go to your nearest emergency room.

### SIGNS & SYMPTOMS OF INFECTION

1. Temperature of 100.5°, swelling, heat, drainage or redness around the surgical site.
2. If you have any signs or symptoms of infection, please call your surgeon.

If you are having excessive or persistent pain, nausea, swelling, bleeding, signs of infection, any other problems regarding your surgery or if you feel there is anything abnormal taking place, please contact your surgeon. If you are unable to contact your surgeon, seek help from the nearest emergency room.

Last oral pain medication given at \_\_\_\_\_ am/pm, next dose not before \_\_\_\_\_ am/pm/anytime

Follow up appointment with your surgeon: As scheduled

Surgeon: Dr Kou Phone: (925) 939-8585

Other instructions: Start Xarelto tomorrow morning

Instructions reviewed with care provider: Stephanie Relationship: Wife

Nurse Signature: [Signature]

(858) 472-1260

## POST OPERATIVE PHONE CALL

PROCEDURE			SPOKE WITH <input type="checkbox"/> Family/Significant Other <input type="checkbox"/> Patient <input type="checkbox"/> Answering Machine <input type="checkbox"/> Parent Name _____ <input type="checkbox"/> Unable to reach		
DATE OF 1ST CALL		DATE OF 2ND CALL		TELEPHONE NUMBER (     ) <input type="checkbox"/> No telephone	
INTRA-OP/PACU PERTINENT INFORMATION <input type="checkbox"/> NO					
TYPE OF BLOCK			ANESTHESIOLOGIST		
START	WORE OFF	DURATION	SIGNATURE		
RN					
<p>1. Since your surgery have you had any of the following problems:</p> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Fever &gt; 100</span> <span><input type="checkbox"/> Urinary retention requiring treatment</span> <span><input type="checkbox"/> Constipation</span> </div> <input type="checkbox"/> Patient is instructed to call physician					
<p>2. Since your surgery have you been satisfied with your pain control?      <input type="checkbox"/> NO                                  <input type="checkbox"/> YES</p> When did you take your first pain pill? _____ <input type="checkbox"/> NA When did you first notice the block wearing off? _____ <input type="checkbox"/> NA <input type="checkbox"/> Patient is instructed to call physician Comments/Intervention: _____ _____					
<p>3. Did you have any problems at home from your anesthetic?                                  <input type="checkbox"/> NO                                  <input type="checkbox"/> YES</p> If yes: <input type="checkbox"/> N/V requiring further treatment <input type="checkbox"/> Sore throat/hoarseness > 24 hrs <input type="checkbox"/> Other <input type="checkbox"/> Patient is instructed to call physician Comments/Intervention: _____ _____					
<p>4. Did you understand your discharge instructions?                                  <input type="checkbox"/> NO                                  <input type="checkbox"/> YES</p> If no: <input type="checkbox"/> Didn't understand <input type="checkbox"/> Didn't receive <input type="checkbox"/> Has further questions now <input type="checkbox"/> Other Comments/Intervention: _____ _____					
<p>5. Were you satisfied with the care that you and your family received?                                  <input type="checkbox"/> NO                                  <input type="checkbox"/> YES</p> If no: <input type="checkbox"/> Felt rushed <input type="checkbox"/> Lack of privacy <input type="checkbox"/> Long wait <input type="checkbox"/> Staff/pt. interaction <input type="checkbox"/> Experienced uncontrolled pain <input type="checkbox"/> Other Comments/Intervention: _____ _____					
<p>6. Was there anything we could have done to make you more comfortable?                                  <input type="checkbox"/> NO                                  <input type="checkbox"/> YES</p> Comments/Intervention: _____ _____					
<p>7. Is there anyone you would like to recognize?                                  <input type="checkbox"/> NO                                  <input type="checkbox"/> YES</p> Comments/Intervention: _____ _____					



ID / Visit: 97281 / 1      Gender: M  
DOB: 9/30/1970      Age: 51  
Phys: KOU, JOSEPH  
DOS: 8/31/2022

## **POST OPERATIVE FOOT/ANKLE SURGERY INSTRUCTIONS**

**Joseph Kou, MD (925) 939-8585**

### **DURING FIRST 24 HOURS:**

- You should have a responsible adult stay with you all day and night
- Rest. Do not do anything that requires balance, judgement or coordination such as driving a car or using household appliances
- Do not make important decisions or sign notarized documents
- Start with a liquid or soft diet and advance as tolerated. Do not consume any alcohol for 24 hours or while taking pain medication
- You may experience any of the following symptoms: drowsiness, nausea, muscle soreness, throat irritation, and/or mild tenderness at your IV site
  - If you experience nausea associated with pain medication you may take Benadryl (25-50mg tablet) 15 minutes prior to administering pain medication

### **PLEASE NOTIFY YOUR DOCTOR IF YOU ARE EXPERIENCING:**

- Unexpected or uncontrolled pain
- Uncontrolled nausea
- Unexpected bleeding from surgical site
- Fever over 102° or skin rash
- Inability to empty your bladder within 6 hours
- Chest or calf pain
- Shortness of breath

**IF YOU ARE UNABLE TO CONTACT YOUR DOCTOR OR SURGERY CENTER,  
YOU SHOULD GO TO THE NEAREST EMERGENCY ROOM**

### **OTHER POST-OP INSTRUCTIONS:**

- See Medication Reconciliation form for instructions on resuming your home medications
- Do not remove dressing, but you may loosen up the dressing if it feels too tight
- Keep dressing / cast/ splint clean and dry
- Keep your leg elevated as much as possible, above the level of your heart
- Use ice packs to control pain and swelling if you do not have a cast on
- Strict non-weight bearing on the operative extremity. Use an assistive device, i.e. crutches, scooter, walker, etc. until further instructions at post-op visit
- Swelling and discoloration is normal, particularly if the extremity is not elevated
- If an anesthetic block was performed, it is normal for the extremity to feel numb until the effects wear off. This can be as long as 36 hours. If the toes are still pink and warm, there is no reason to be concerned about the numbness during this time period
- If the dressing becomes saturated with blood, make sure that the extremity is being elevated as much as possible. If you continue to bleed despite elevation, please notify the doctor



- Constipation is not unusual after surgery. It is commonly due to immobility and the use of narcotic medications. Fiber supplements or a stool softener such as Colace should be used to treat this.

#### **PAIN MEDICATION** (take as needed):

- ~~Motrin/Ibuprofen~~ 400-600mg every 4-6 hours
  - or Aleve/Naproxen 250-500mg every 12 hours
- ~~Percocet~~ (Oxycodone/Acetaminophen) 1-2 tablets every 4-6 hours
- ✓ • **Norco** (Hydrocodone/Acetaminophen) 1-2 tablets every 4-6 hours
- ~~Dilaudid~~ (Hydromorphone) **SEVERE BREAKTHROUGH PAIN ONLY** 1 tablet 4-6 hours
- ~~Anti-Nausea Medication: Zofran~~ (Ondansetron) 1 tablet dissolved under tongue every 6 hours, as needed

#### **OTHER MEDICATION:**

- ~~Aspirin~~ 325mg tablet DAILY for 21 days after surgery to lower the risk of thromboembolic event (blood clot, DVT, PE)
  - Begin the day AFTER surgery
- ✓ • **Antibiotics:** Take first dose of **Keflex** (Cephalexin) \_\_\_\_\_ AM / PM

✓ Xarelto - Restart tomorrow morning

Return appointment 10-14 days after surgery



## Postoperative Instructions for Peripheral Nerve Block

### LOWER EXTREMITY

#### **What is a peripheral nerve block?**

A peripheral nerve block is a procedure in which a long-acting local anesthetic is placed around a nerve or group of nerves that go to either the arm or the leg. The local anesthetic "blocks" the nerves that carry the pain signals. The purpose of the nerve block is to provide effective pain relief after surgery.

#### **IMPORTANT:**

The local anesthetic also blocks the nerves that move the muscles of the limb as well as the nerves that carry the "touch" sensation. So, to varying degrees *your leg will be numb and unable to move*. You must use extra care to **protect your leg against injury** during the time that the nerve block is functioning. Also, it's not uncommon for the skin numbness to last several hours longer than the pain relief. If you have numbness or weakness that lasts for more than 6 hours *after the pain relief has worn off*, you should contact your surgeon.

You have received...

#### ☐ **Femoral Nerve Block or Adductor Canal Block**

This block is used to provide pain relief after surgery on the knee or thigh. It is frequently used for ACL reconstruction. The typical duration of this block is 6 to 14 hours, with an average of about 10 hours. The pain relief provided by this block covers most, but not the entire knee. It does not cover pain in the back of the knee. If you have pain in the back of your knee, it is because the pain is coming from an area outside of the territory of this nerve block (not because there is something wrong with the block). You should take your pain medication for this pain, but be prepared for an increase in overall knee pain when the block wears off.

#### ☐ **Sciatic Nerve Block, most frequently performed as a Popliteal (back of knee) Nerve Block**

This block is performed to provide pain relief after surgery on the lower leg, ankle or foot. It is the longest lasting nerve block that we perform. It, typically, provides pain relief for at least 12 hours, but can last up to 16 hours, or even 24 hours. The nerve that is blocked doesn't cover a small area over the inner side of the ankle. If you have pain there, you may need to take some pain medication, even before the block has worn off.

#### ☐ **Ankle Nerve Block**

This nerve block is a block of several nerves around the ankle as they enter the foot. The typical duration of this block is about 6 to 10 hours.

#### **Pain Management for ALL Nerve Blocks**

It is easier to keep control of your pain if you "stay ahead of it", rather than play catch up. We typically recommend that you begin taking your pain medication *before the nerve block wears off*. Using the average block duration listed in your instructions above, take your first pain medication an hour or two before you expect the block to wear off. Certainly, take your pain medication sooner if you begin to feel any pain, discomfort or if you sense the numbness wearing off. If the medication prescribed for you is not effective in managing the pain, contact your surgeon.

**EXPAREL:** If this medication was used, you may experience pain relief and numbness for up to 72 hours, with an average of 40 hours. You might hold off on pain medicine until you feel it is needed.

Other instructions:-

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## Postoperative Instructions for Peripheral Nerve Block

### UPPER EXTREMITY

#### **What is a peripheral nerve block?**

A peripheral nerve block is a procedure in which a long-acting local anesthetic is placed around a nerve or group of nerves that go to either the arm or the leg. The local anesthetic “blocks” the nerves that carry the pain signals. The purpose of the nerve block is to provide effective pain relief after surgery.

#### **IMPORTANT:**

The local anesthetic also blocks the nerves that move the muscles of the limb as well as the nerves that carry the “touch” sensation. So, to varying degrees *your arm will be numb and unable to move*. You must use extra care to **protect your arm against injury** during the time that the nerve block is functioning. Also, it’s not uncommon for the skin numbness to last several hours longer than the pain relief. If you have numbness or weakness that lasts for more than 6 hours *after the pain relief has worn off*, you should contact your surgeon.

You have received...

#### ☐ **Interscalene Nerve Block**

This block is performed for pain relief after shoulder or upper arm surgery. The typical duration of the block is 8 to 14 hours, with an average of about 10 hours. Your entire arm may be numb, although frequently the forearm and hand are spared. Other nearby nerves are also blocked and as a result there are two common side effects – a droopy eyelid on the blocked side and a hoarse or raspy voice. These side effects wear off when the nerve block wears off. An *occasional* patient may feel that their breathing has been affected – a sensation that you’d like to breathe just a little bit deeper. This sensation is usually relieved simply by sitting completely upright, and will also disappear when the nerve block wears off. Resting in a big chair with a footstool or in a recliner may be comfortable and also may provide good support for your arm.

#### ☐ **Axillary Nerve Block or Infraclavicular Nerve Block**

This block is performed for pain relief after surgery of the elbow, forearm, wrist or hand. The typical duration of this block is 6 to 14 hours, with an average of about 10 hours. With this block, the arm frequently is densely numb and it is important to protect it from pressure or injury. Wear your sling and use pillows to keep the operative area above the level of your heart.

#### **Pain Management for ALL Nerve Blocks**

It is easier to keep control of your pain if you “stay ahead of it”, rather than play catch up. We typically recommend that you begin taking your pain medication *before the nerve block wears off*. Using the average block duration listed in your instructions above, take your first pain medication an hour or two before you expect the block to wear off. Certainly, take your pain medication sooner if you begin to feel any pain, discomfort or if you sense the numbness wearing off. If the medication prescribed for you is not effective in managing the pain, contact your surgeon.

**EXPAREL:** If this medication was used, you may experience pain relief and numbness for up to 72 hours, with an average of 40 hours. You might hold off on pain medicine until you feel it is needed.

Other instructions:-

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