# Algorithm for management of nerve injury associated with regional anaesthesia

**Suspected nerve injury defined as:**

- New onset of pain, weakness, numbness, paraesthesia or other abnormal sensation
- Effects lasting beyond the usual duration of the specific block (e.g. if a single shot peripheral nerve block (PNB) lasts >48 hours )

- Review relevant medical & surgical history
- Review of operation and anaesthetic records, drug chart and observations chart
- Clinical examination including neurological examination by the responsible surgical team

**NB: In case of suspected space occupying lesion (SOL) associated with central neuraxial blocks, treat as emergency and follow local Guidelines for management of Epidural Analgesia**

Mild or resolving symptoms or persistent sensory deficit

Reassure the patient & review in 4 weeks

Persistent symptoms

No

Yes

No further follow up required

- Neurological referral
- Consider:
  - MRI and other imaging
  - Nerve conduction tests (NCT)
  - Electromyography (EMG)

Complete or progressive neurological deficit or presence of motor deficit

- Inform the responsible surgical and anaesthetic team and, if applicable, Acute Pain Service
- Consider surgical cause (e.g. haematoma, cut, stretch injury etc) and appropriate intervention (decompression, reconstruction etc)
- Consider further imaging (particularly, if space occupying lesion is suspected* and emergency decompression is needed)
- Immediate neurological referral
- Nerve conduction tests (NCT)
- Electromyography (EMG)

- **Definitive diagnosis**
- **Conservative treatment (drugs; physiotherapy etc) or**
- **Surgical intervention (as above)**
- **Keep the patient and responsible team informed**
- **Follow up as appropriate**

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