

Going Home With Your Peripheral Nerve Catheter and Pain Relief Pump

After surgery, you may have a peripheral nerve catheter and pain relief pump. The pump delivers an ongoing flow of local anesthetic (numbing medication). The medication flows around the nerves that lead to the site of surgery to block the feelings of pain. This lessens pain at the surgery site.

If you have any questions about the pain relief pump, please call the Anesthesia Pain Service.

Along with oral (by mouth) pain medication, the pump should make you comfortable and relieve most of your pain. This will let you do tasks to help you recover such as therapy, deep breathing or coughing.

The pain relief pump is made up of a very thin tube (catheter) attached to a small container. Pain medication flows from the container to the catheter. The care team will put the catheter in either before, during or after surgery. They will hold it in place with a clear bandage and tape. A small pouch will help support the pump and the tubing.

Take the catheter out on _____ (day/date)
at _____ (time). Go to page 4, “Removing the catheter,”
for instructions.

Catheter and pump care

Follow these guidelines to care for your catheter and pump.

- › Use the pouch to support the catheter and pump at all times.
- › Do not pull or tug on the catheter.
- › Do not let the catheter get kinked or pinched.

- › Do not disconnect the catheter from the pump.
- › Keep the catheter site covered with a bandage. You do not have to change the bandage unless it falls off or gets wet or soiled.
- › While the pain relief pump is in place, do not shower or take a bath. If the bandage gets wet, it may loosen, and the catheter may come out.

Some leakage from the catheter may be normal. If this happens, do not remove the bandage. Instead, cover it with the extra gauze or clear bandage covering that we gave you. Call the Anesthesia Pain Service if the catheter continues to leak through the extra covering.

If you need a magnetic resonance imaging (MRI) scan while you have the catheter and pump, tell your physician and MRI staff. The catheter and pump contain metal.

Managing your pain

The anesthesiologist set your pump to deliver a pre-set amount of numbing medication to manage your pain. You do not need to press any buttons or change any settings to receive the numbing medication.

Do not tamper with the pump or try to open it. This can cause the pump to stop working.

Your arm or leg may still be numb when you get home. This is completely normal. Most of the time, your anesthesiologist will give you a stronger dose of numbing medication to get through surgery. Then, as that starts to wear off, you will be able to move your arm or leg, but the medication running through your catheter will keep you numb.

Oral pain medication

Your surgeon may prescribe oral pain medication along with the use of the pain relief pump. Take your pain medication before the pain becomes severe. Once pain becomes severe, it is harder to relieve. When taking oral pain medication, follow the prescription.

Sometimes, prescription pain medications may cause sleepiness or dizziness.

If you are taking prescription pain medication:

- › Do not drive.
- › Change your position slowly so you do not lose your balance or get lightheaded when you stand up.
- › If you have severe pain not managed by the pump and your pain medicine, call both your surgeon and the Anesthesia Pain Service.

Safety precautions while you get local anesthetic medication

The nerve block may affect the way you sense your body's position and location. You may feel like you are not sure where or how your affected limb is placed or how it is positioned. Your limb may feel different or heavier. This can affect your balance and increase your risk of falling.

Until the block wears off completely, be extra careful to prevent falling. Your feeling and movement will not be back to normal until the block wears off completely.

It is important to follow your surgeon's discharge guidelines even if you have no pain:

- › Do not drive.
- › Do not do any heavy lifting.
- › Do not do strenuous exercise.

Be careful since the surgery site may be numb and weak.

- › You may need help getting out of bed or a chair, walking and getting dressed.
- › Take extra care not to put any pressure on a numb or weak area.
- › Stay away from sharp surfaces and extreme heat or cold. Do not put a heating pad on the numb area. You may not feel it and you could burn yourself.

After surgery on your shoulder or arm

- › Protect your arm.
- › Keep your sling on as directed to support your arm. You might not be able to control movement of your arm.

After surgery on your leg or foot

- › When sitting in a chair, raise your leg. Use pillows and soft pads to support and protect it. This will help prevent pressure injuries due to pressure over an area for a long time.
- › Protect your leg. As long as your leg is numb, it will also be weak.
- › **Ask for help to prevent falls.**
- › **Never put weight on a leg that feels numb.**
- › Use your crutches, walker or cane as instructed. If possible, have someone close by to give you extra support.
- › When walking at home (with your walker or crutches):
 - Have someone clear a path for you to walk.
 - Do not try to bend over to move things yourself.
- › If you have to climb stairs at home, the physical therapist can teach you how to do that before you leave the hospital.
 - Only climb stairs when you have to.
 - Have someone help you.
 - Take 1 step at a time.
 - Do **not** put weight on your surgical leg.

Removing the catheter

A member of the anesthesia team will tell you when to remove the catheter.

Follow these steps to take the catheter out.

1. Gather supplies:
 - Gauze and alcohol wipes
 - Bandage or small gauze bandage and tape
 - Small plastic garbage bag
2. Wash your hands well with soap and water for 15 to 30 seconds.
3. Take the bandages or tape off the catheter or plastic tube. Do not take off any other bandages or drainage tubes that you may have unless your physician tells you to.
4. Firmly hold the catheter close to the place it goes into the skin.


5. Gently pull out the catheter. It should come out easily. If it does not come out easily, stop. Re-tape the catheter and secure the pump. Then, call the Anesthesia Pain Service.
6. Once the catheter is out, you may see some clear drainage at the site. Clean the site with an alcohol wipe. Repeat as needed.
7. Cover the site with a bandage or clean gauze bandage secured with tape.
8. **Check the catheter tip to make sure it is not broken.** The tip should have a black, blue or silver metallic marking on it.
 - **If it seems to be in 1 piece:**
 - Put the catheter in a plastic bag with the tubing and the pump.
 - Seal the bag and throw it away.
 - **If there is no marking at the tip:**
 - Put the pump, catheter and tubing in a plastic bag.
 - Wash your hands and call the Anesthesia Pain Service.
 - Do not throw the plastic bag away. The physician may want to see the catheter and pain pump.
9. Wash your hands well when you are done.

After the pain pump is out, you can use oral pain medications, as directed.

When to call the Anesthesia Pain Service

Call the Anesthesia Pain Service at 312.695.7039 for these issues:

- › The catheter becomes disconnected from the pump.
- › The catheter falls out of the incision site.
- › Medication is soaking through the bandage. (You may see a small amount of leakage where the catheter enters the skin. This is normal.)
- › You have severe pain that is not managed.
- › You have these symptoms at the catheter site:
 - Redness
 - Feels very warm
 - Pain

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- Swelling
 - Drainage that is not clear
 - New bleeding

If you have any of these symptoms, close the clamp on the catheter and call the Anesthesia Pain Service:

- › Lip numbness
- › Metallic taste in your mouth
- › Ringing in your ears
- › Tremors or twitching

Call 911 if you have:

- › Trouble breathing
- › Seizures

Then, when you are able, call the Anesthesia Pain Service.

Contact information

Call the Anesthesia Pain Service at 312.695.7039 (24 hours a day) for any concerns or questions.

For more information about Northwestern Medicine, please visit our website at [nm.org](https://www.nm.org).