

# Perioperative Analgesia For Shoulder Surgery <sup>1</sup>

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Shoulder surgery is well recognised as having the potential to cause severe postoperative pain. The purpose of this lecture is to critically assess the evidence relating to the effectiveness of regional anaesthesia techniques commonly used for postoperative analgesia following shoulder surgery. Subacromial/intra-articular local anaesthetic infiltration appears to perform only marginally better than placebo, and because the technique has been associated with catastrophic chondrolysis, it can no longer be recommended. All single injection nerve blocks are limited by a short effective duration. Suprascapular nerve block reduces postoperative pain and opioid consumption following arthroscopic surgery, but provides inferior analgesia compared with single injection interscalene block. Continuous interscalene block incorporating a basal local anaesthetic infusion and patient controlled boluses is the most effective analgesic technique following both major and minor shoulder surgery; however, it is technically challenging and is consequently underutilised. The most urgent areas for future study are the identification of barriers to continuous interscalene block as an analgesic modality, and the subsequent evaluation of strategies aimed at promoting its uptake.

1. Fredrickson MJ et al. Postoperative analgesia for shoulder surgery: a critical appraisal and review of current techniques. *Anaesthesia*. 2010 (in-press)