

Ilioinguinal and Iliohypogastric Nerve Block for Adults

What should you know?

Introduction

This leaflet aims to provide you the basic information about the ilioinguinal and iliohypogastric nerve block that you are going to receive. If you have any questions about this procedure that are not covered in this leaflet, please discuss with your anaesthetist who will be willing to answer your questions.

What is ilioinguinal and iliohypogastric nerve block?

Ilioinguinal and iliohypogastric nerve block means blockade of these nerves which originate from the first lumbar spinal nerve root, running between the muscle layers of anterior abdominal wall. Injection of local anaesthetic around these nerves can provide regional anaesthesia, pain relief during general anaesthesia and postoperative pain relief for operation of body parts around the lower abdominal wall.

Are there any conditions that make me not suitable for ilioinguinal and iliohypogastric nerve block?

Your anaesthetist will determine whether you are suitable for ilioinguinal and iliohypogastric nerve block after assessing your medical conditions and the nature of your operation. Some conditions may make you unsuitable for ilioinguinal and iliohypogastric nerve block:

- If you refuse
- If you have bleeding disorder: ease of bruising/prolonged bleeding
- If you receive medications to 'thin' your blood or prevent clotting
- If you have infection around the injection site

General information about the ilioinguinal and iliohypogastric nerve block

- Your nerve block will be performed by your anaesthetist. He/she will do a pre-anaesthetic assessment before the procedure, including brief history taking, medical examination and review your investigation results. He/she will also discuss with you on the risks and benefits of your procedure and sign the consent form with you.
- Fasting: you should fast at least 6 hours before your operation. You can safely drink water until 2 hours before the operation.
- You are allowed to take your usual medications (as instructed by your anaesthetist) with sips of water while you are fasting.
- If you feel unwell on the day of your operation, you should inform the hospital and your operation may need to be postponed.

How is the ilioinguinal and iliohypogastric nerve block performed?

- Vital sign monitors will be attached to you before the nerve block.
- Your anaesthetist will insert an angio-catheter into your vein and attach it to a running drip.
- Your nerve block may be done awake, after sedation or general anaesthesia.
- You will be in supine position while your anaesthetist performs the nerve block.
- The nerve block will be done under sterile technique. A volume of local anaesthetic will be injected after the right plane is identified with the needle.
- Ultrasound machine may be used to guide needle insertion and help to locate the nerves.
- Your anaesthetist will stay with you at all times during the operation, monitor your vital signs, give you treatment as necessary and ensure your safety.

Post-operative pain relief

The duration of pain relief offered by the block depends on the choices of local anaesthetics used. Your anaesthetist will discuss with you on different choices.

Is there any risk of ilioinguinal and iliohypogastric nerve block?

In general, ilioinguinal and iliohypogastric nerve block is safe. The side effects and complications associated with this procedure can be divided into those that are very common and common, rare or very rare*.

Very common and common side effects	Rare or very rare complications
Infection	Femoral nerve block with lower limb weakness
Bleeding	Perforation of peritoneum and/or bowels
Failure of pain relief	Nerve damage
	Local anaesthetic toxicity
	Local anaesthetic allergy

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your anaesthetist.

Complications may sometimes occur despite all precautions. However, if they do occur, your anaesthetist will take appropriate steps to manage them.

*Reference of occurrence rate

Very common	Common	Uncommon	Rare	Very rare
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000