

# COMMON NERVE INJURIES UNDER ANESTHESIA

## ULNAR

**Ulnar nerve is the most frequently injured nerve after anesthesia.**

It is injured when the arm is malpositioned with the elbow at the side of the table.

## BRACHIAL PLEXUS

Shoulder braces

Avoid abducting arms more than 90 degrees

Place an axillary roll when the patient is lateral

## COMMON PERONEAL

The common peroneal nerve is a branch off of the sciatic nerve and supplies the lower leg.

**Most injured nerve in the lower extremity when the patient is in the lateral position.**

Nerve compression between the operating table and the fibular head

*Pad between the legs to prevent injury in the lateral position*

Leads to **foot drop, loss of dorsal extension of toes, and unable to evert foot**

## ORTHOPEDIC FRACTURE TABLE

Pressure from the middle pole can cause extreme pressure on the genitalia

## BEACH CHAIR

Prevents injury to the sciatic nerve

*Prop the feet 90 degrees against a padded board to prevent **common peroneal injury***

## LITHOTOMY

There are **five nerves** that can be injured:

- Sciatic
- **Common peroneal (Most common)**
- Femoral
- Saphenous (medially placed strap resulting in medial calf numbness)
- Obturator

## COMPARTMENT SYNDROME

***Example: lithotomy position with hypotension and hypoperfusion (low-flow state) and SCDs/TED hoses***

Compartment syndrome can cause damage to neural and vascular structures from swelling of tissues within a muscular compartment, especially those of the leg. If perfusion to an extremity is inadequate, a compartment syndrome may develop.

Compartment syndrome is **characterized by ischemia, hypoxic edema, elevated tissue pressure within fascial compartments, and extensive rhabdomyolysis.**

Fasciotomy is treatment

## MASK VENTILATION

Cranial nerves VII and V can be damaged