

Femoral Nerve Catheter

Your Femoral Nerve Catheter

You have a femoral nerve catheter (FNC), or a nerve block which is in your groin area. The block sends a drug through a yellow tube that numbs the upper thigh and top of the knee. At every shift change, your nurses will check the site and pump settings. The block should take away the amount of pain you feel and decrease the amount of narcotic pain medicines you need after surgery.

How it Works

The medicine comes in a pump that is programmed by the amount of medicine the doctors want you to have. In most cases, you will receive a small amount of medicine around-the-clock. There is a button attached to your pump that you can push to give yourself an extra dose if you need it. Your nurse will explain to you how often you can push the button. This works best for pain on top of the knee.

The Benefits

Using less narcotic drugs can help you avoid bad side effects. Some of these are low blood pressure, itching, drowsiness, nausea, and decreased breathing rate. One main goal of the block is to be happier with your pain control.

The Risks

There are some risks to using a nerve block. One of the biggest risks to you is that you are more likely to fall after your surgery. Even if you have normal feeling in your leg, your muscles are weakened by the medicine. Falls can increase the time of your recovery and can cause injuries. This could require another surgery.

There are some important things you can do to reduce your chance of falling. The most important step you can take is to **always** call for help before you get out of bed. Having a nurse or nursing assistant with you makes it safer for you to get out of bed. Another way to decrease falls is to use a brace called a knee immobilizer. This brace will help prevent your knee from giving out without warning. This will be used the entire time you have the block and for several hours after it is removed until your muscle strength returns to normal. Research studies show that using the brace lowers your risk for falling.

For Your Own Safety:

While you are in the hospital after your surgery, remember this phrase: "Call, don't fall!"

LaReau, J.M., Robbins, C.E., Talma, C.T., Mehio, A.K., Puri, L., & Bono, J.V. (2012). Complications of femoral nerve blockade in total knee arthroplasty and strategies to reduce patient risk. *Journal of Arthroplasty*, 27, 564-568. doi:10.1016/j.arth.2011.06.028

Otten, C., & Dunn, K. (2011). Multitodal analgesia for postoperative total knee arthroplasty. *Orthopaedic Nursing*, 30, 373-380. doi: 10.1097/NOR.0b013e318237108a

Sharma, S., Iorio, R., Specht, L.M., Davies-Lepie, S., & Healy, W.L. (2010). Complications of femoral nerve block for total knee arthroplasty. *Clinical Orthopaedics and Related Research*, 468(1), 135-140. doi:10.1007/s11999-009-1025-1

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 5/2018 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7374