

NERVE BLOCKS & PATIENT SATISFACTION

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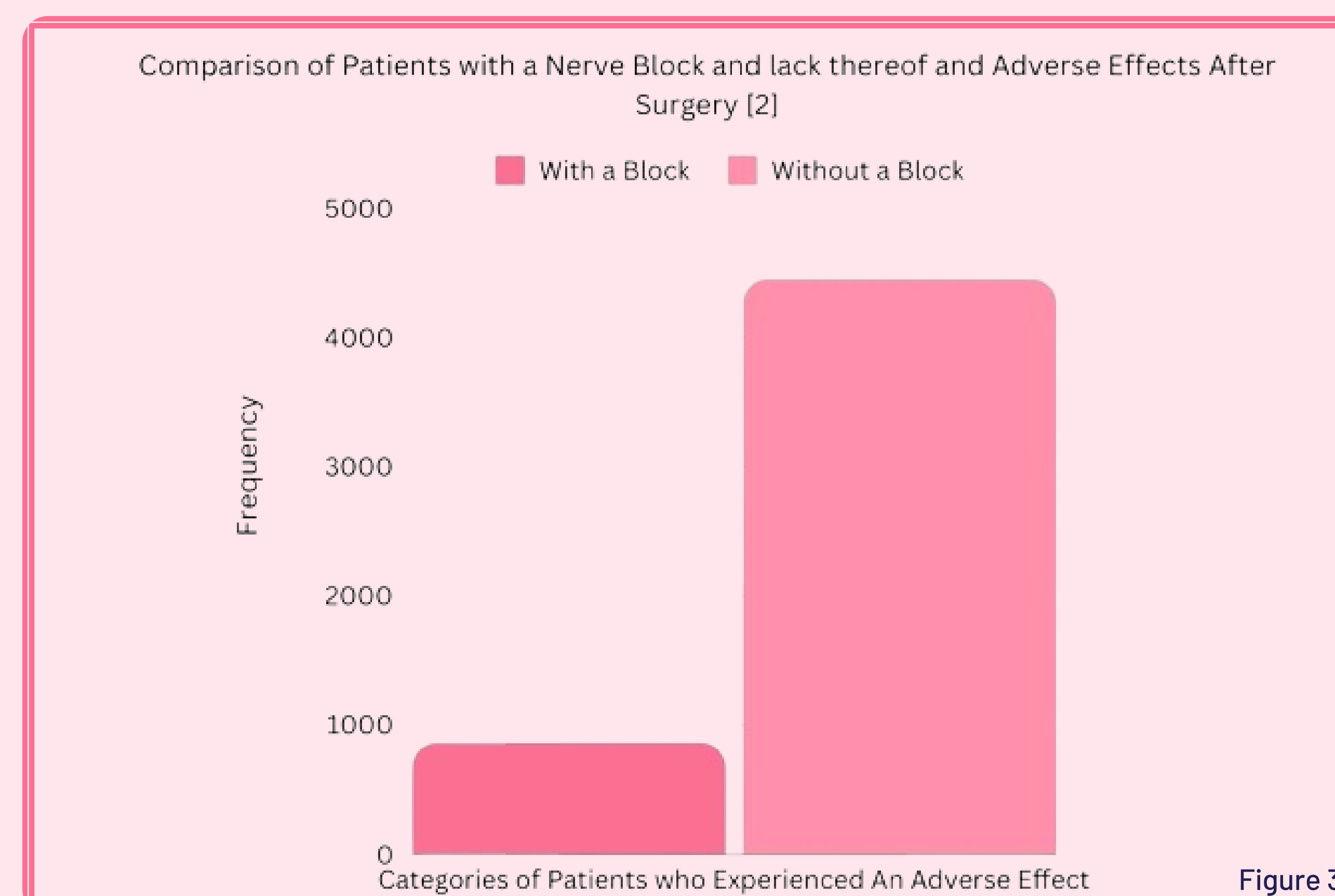
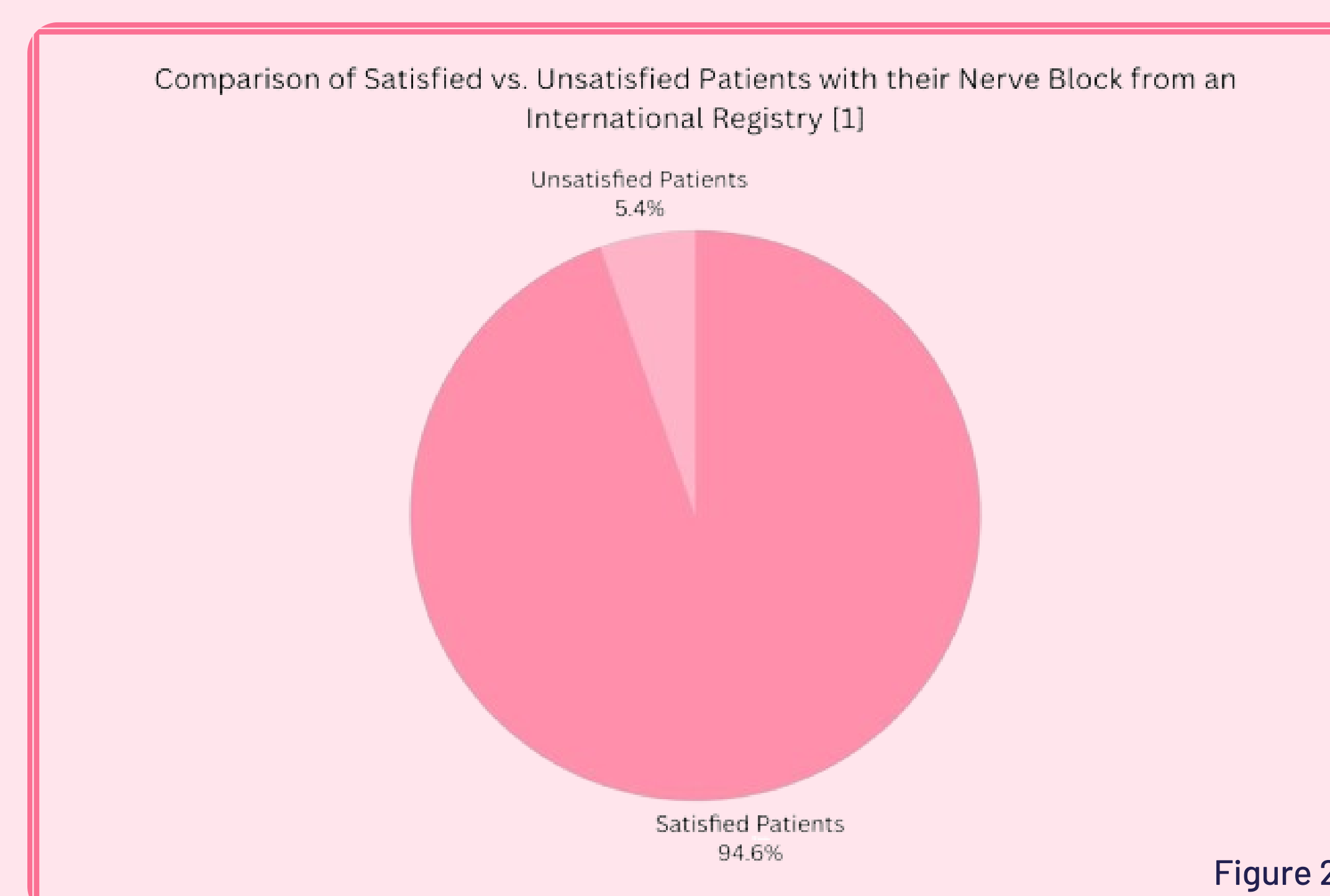
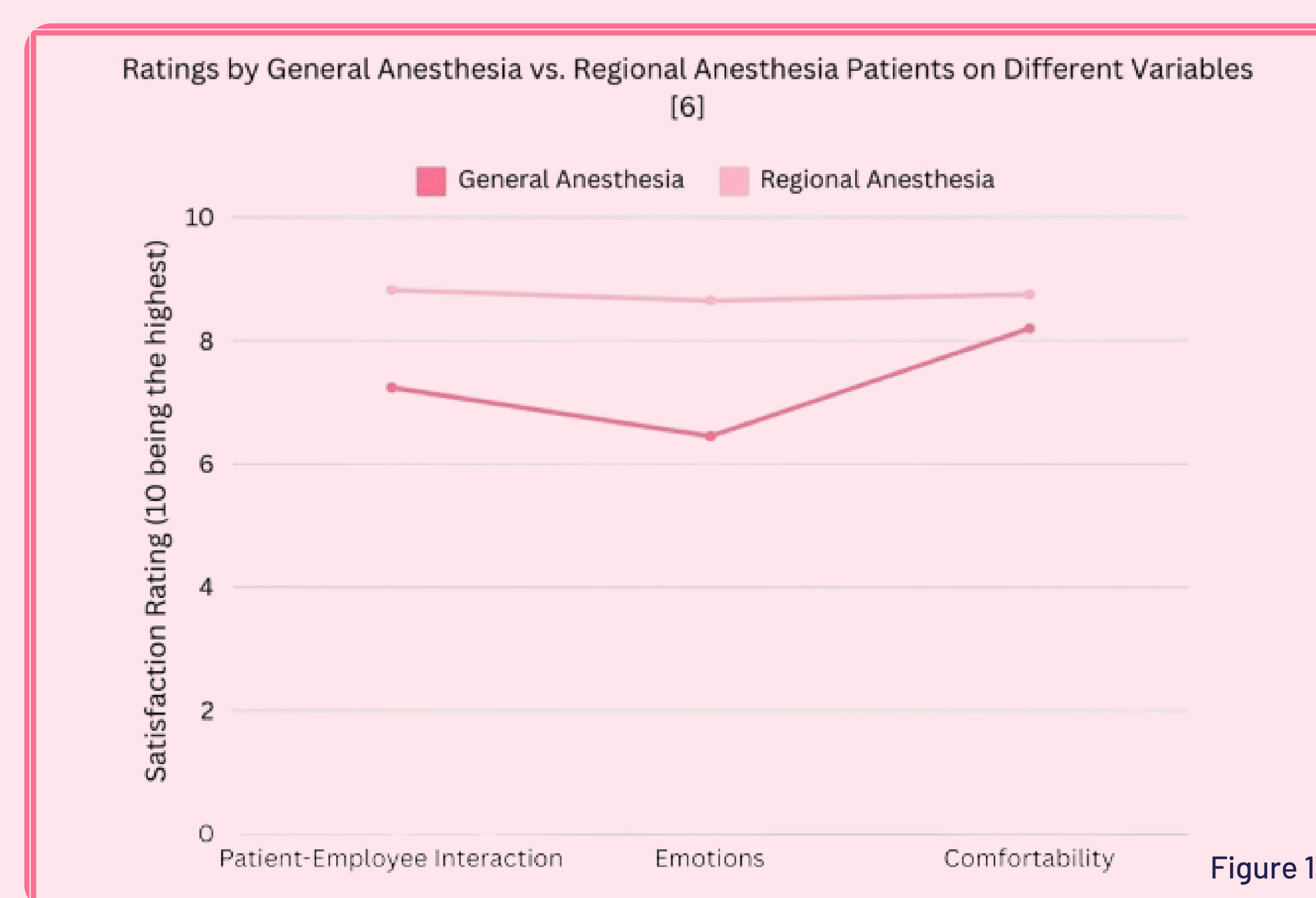
Introduction

Karl Koller, a surgeon at Vienna General Hospital, can be attributed to the birth of regional anesthesia. In an effort to enter an ophthalmology training program, he discovered that topically applying cocaine to a frog's eye would cause the region to become numb enough for surgery [5]. As other medical professionals became aware of this breakthrough, they began to explore the different ways that this concept could be applied in surgery; eventually, this led to a branch of modern regional anesthesia known as "nerve blocks." Nerve blocks are a special procedure that numb a region of a patient's body by targeting a nerve system. Within hospitals today, nerve blocks have become a standard procedure as physicians prioritize their patient's health and maximize effectiveness.

Methodology

As a result of the widespread evolution of regional anesthesia and nerve blocks across the medical sphere, my research evaluates data from different sources. Thus, most of this research endeavor has been quantified in order to draw acceptable conclusions. 3 studies were selected and examined: patient satisfaction regarding anesthesia in upper limb surgeries (Figure 1), patient satisfaction regarding anesthesia in seniors with hip concerns (Figure 3), and patient satisfaction from an international registry (Figure 2). The data from each study was examined and compiled into a graphic that made it easier for the reader to digest, and additionally was tailored to be more specific to my topic.

Results/Data



Findings

In **Figure 1**, the ratings of patients who underwent a procedure with general anesthesia and the ratings of patients who underwent a procedure with regional anesthesia are compared. We can conclude that patients would prefer regional anesthesia over general anesthesia. **Figure 2** compares the number of satisfied and unsatisfied patients with their nerve blocks. A large majority of these patients are satisfied with their nerve block and would be willing to have another peripheral nerve block in the future. **Figure 3** shows that the majority of people who experienced an adverse effect after surgery did not receive a nerve block. Thus, nerve blocks are effective at increasing pain relief and decreasing the chances of a patient having unfavorable conditions post-surgery. All 3 of these figures support my hypothesis of nerve blocks and patient satisfaction being positively correlated, and support the effectiveness of regional anesthesia.

Discussion

Overall, the study was successful. Since I used established sources, it is unlikely that there may have been potential biases or other influences which may have skewed the data and altered the results. If I were to replicate this endeavor, I would gather more data from different specific medical fields and broaden my perspective. It may also be beneficial to gather specific data from different places and compare those. Although no new data or trends were discovered within this research endeavor, it stands as a well-versed project that supports the use of nerve blocks and regional anesthesia within modern medicine and future research today.