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| Supplemental Table 1. Follow up questionnaire. |
| 1. | Are you satisfied with the anesthesia technique used? |
| 2. | Would you choose the same anesthesia technique for a future surgery of the hand, wrist, forearm or elbow? |
| 3. | Do you experience any residual numbness in the operated limb? |
| 4. | Do you experience any loss of sensitivity in the operated arm?  |
| 5. | Do you experience residual weakness or loss of motor function in your operated arm?  |
| 6. | Did you notice any swelling, redness, blood or pus coming from the needle puncture site? |
| If patients answered to the affirmative to any of the last four questions, the history of the event was collected. |