

A Little Sting' Can Become a Debilitating Injury

When hard steel enters soft flesh, things can go wrong.

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By Ann Japenga

Two things stood out on the day of the blood draw: the streets were flooded from a three-day downpour (not common in my desert town), and the needle hurt a lot more than usual.

Like most of us, I'd been stuck dozens of times in my life without protest, but this time I glared at the offending instrument and said to the technician: "Ow, ow, ow! Are you using a really big needle?"

The phlebotomist assured me everything was fine: "Maybe a little alcohol got in there and made it sting."

I drove home through the cloudburst and, a few hours later, peeled off the pressure bandage on my arm. Blood was still oozing from the puncture site. I put on a fresh Band-Aid and didn't think anything of it. It was only a blood draw.

In the following days my right arm throbbed as if it had been tenderized with a baseball bat. I held a pen clumsily, and my notes took on a drunken cast. I didn't know it at the time, but my penmanship was destined to get much worse.

Over the next months the pain eased if I rested my arm, but it always came back: an aching in the inner elbow, numbness in my little finger and a sensation of cold in my hand. Eventually I had to give up swimming laps, and I could type and drive only in sprints. I made forays to doctors to find out what was wrong - with inconclusive results - all the while thinking this was a temporary injury and it had to get better.



But a year later I couldn't address an envelope without pain and needed help cutting a waffle. The most common and most seemingly harmless invasive procedure in medicine is not always harmless, I had discovered.

There are no studies showing how often patients are hurt during routine blood draws, but a 1996 study of blood donors (a larger needle is used in blood donation than in routine venipuncture) found that 1 in 6,300 donors suffered a nerve injury.

Phlebotomy-related injuries have become common enough in recent years that there are now specialists who make a living teaching health care providers how to avoid lawsuits provoked by the procedure. (A lawsuit I filed as a result of my own injury was eventually resolved.)

Dennis Ernst, director of the Center for Phlebotomy Education, says the risks of the procedure include nerve injuries and chronic pain syndromes that can render you disabled for life. He likes to warn patients that some technicians have only a weekend of training - practicing on a dummy arm on Saturday and sticking your vein on Monday.

California, where I live, is the only state where phlebotomists must be licensed (although not the case at the time of my blood draw three years ago). But even then things can go wrong. After all, we're talking about hard steel entering soft flesh in an area of the body - the inner arm - rich in nerves and arteries.

If something does go wrong, patients have an added problem: very few health care providers have ever heard of phlebotomy injuries.

I eventually found an arm surgeon, Dr. Trevor Lynch at the Southern California Orthopedic Institute, who was able to explain my pain : the needle had gone through my vein and caused dangerous but invisible bleeding into my arm. (Another common injury is caused by a direct hit to a nerve, producing an electric shock feeling in your arm or hand.)

Dr. Lynch recommended surgery to prevent permanent loss of the use of my arm, as well as a condition called "claw hand" that causes your digits to curl up like a sea anemone. Seeing that my little finger was already starting its inward curl, I made the appointment.

After surgery to repair damage to my ulnar nerve, tendon and bone, I was hooked up to two pain pumps and lived for months on a diet of pain pills and patches.

Reduced to taking notes and eating with my clumsy left hand, I routinely watched in childish frustration as food dribbled off my fork.

Today, I'm back to swimming laps, but my elbow aches if I type for too long or curry the dog with vigor. I've become an evangelist on the potential dangers of phlebotomy, rolling up my sleeve at every opportunity to display my six-inch scar and telling people to take unusual pain or prolonged bleeding at the time of a blood draw seriously.

If you think you've been injured, the first rule is to have the technician remove the needle immediately. Then seek help relentlessly.

As Dr. Ernst says, "If a person acts quickly and goes to the right doctor - a lot of ifs here - you can limit the damage."