DO THIS WITH AN ULTRASOUND
Blocks plexus at the divisions
Hits arms more distally than interscalene
Here, brachial plexus is LATERAL to the subclavian
Bad Stuff: Big veins, and lung!

Here, trunks and divisions of the nerve travel closely, and blocking here results in a quick, reliable block.
Blockade results in anesthesia to the arm below the shoulder
Does not hit intercostobrachial nerve (upper medial arm)

**Position**: Supine, Head of bed 30 degrees
**Probe placement**: above clavicle, almost looking behind it
  - Depth 2-3cm usually
  - Best view is with easily visible first rib
    - Hard white line below subclavian artery

**Needle placement**: Lateral to medial
  - With good visualization → advance
**Supraclavicular Nerve Block**

**Approach**

- Not in the lung
- Not in the nerve
- Around it
- No perfect spot
- Can spare ulnar nerve if injection is too superficial or lateral

**US View**

**Where to hit it?**

- **Pneumothorax**
- **If performed incorrectly:** Ulnar sparing
- **Picking the wrong block (not for shoulder surgery)**
- **Phrenic paralysis (around 50%)**

**Supraclavicular Nerve Block**

**Images and Anatomy**

**Potential complications**

**Tips for Success**

- Watch your plane- aim down, not across
- If you are lost, go back to interscalene
- Make the anatomy work for you
- You can sometimes abduct the arm to help
- Pleura is shiny and moves
Three Pearls: Supraclavicular

- Maintain needle view at all times, PTX still happens with Ultrasound!
- Too superficial or lateral block placement may spare ulnar nerve
- Phrenic blockade 50%

http://med.dartmouth-hitchcock.org/images/supraclavic_fig4_full.jpg