Intraclavicular

- Why is this “advanced?”
- Steep needle approach
- Holds a catheter well
- Most are not comfortable with this block, compared to ISB, SCV, Ax

Intraclavicular Anatomy

- Brachial plexus block at level of the Cords
  - Three cords:
    - Medial: Musculocutaneous, ½ of Median
    - Lateral: ½ of Median, Ulnar
    - Posterior: Radial, Axillary
  - Great block for any surgery distal to shoulder
Advantages

- Low incidence of phrenic block
  - ISB: 100%, SCV 50%, ICV 0%
  - Great for OSA, O2 dependents, Severe COPD
- Low incidence of pneumothorax
- Best location for placement of catheters
  - Anchored in Pec major and minor
  - Little movement compared to supraclavicular
  - Cleaner than axillary
- One injection point
  - Don’t have to chase Musculocutaneous

Approach

- Positioning
  - Patient Supine
  - Arm abducted (may keep elbow ext or flex)
- Probe placement
  - Parallel to spine, below Coracoid process
  - Axillary artery in center of screen, usually 3-4cm deep
- Landmarks
  - Axillary Artery – Cords surround

Approach, cont.

- Goal needle placement:
  - Cephalad to Caudad, below Coracoid process
  - Steep approach, may not see needle well
  - Tip behind Axillary artery at “6 o’clock”
- Injection:
  - Should see artery “lifted” by local
  - Classic U-shape infiltration will cover all cords
- Catheter:
  - Leave catheter posterior to artery, so that Medial cord is not spared.
  - Do not just blindly feed catheter; no sheath to keep local in

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Infraclavicular Nerve Block
Infraclavicular Nerve Block

Disadvantages

- Technically difficult compared to ISB, SCV
  - Steep angle = poor needle visualization
  - Ulnar can be spared with poor needle placement
- Difficult vascular compression
  - Relative contraindication for coagulopathy, blood thinners, antiplatelet meds
- Misses the suprascapular nerve
  - This block not sufficient for shoulder surgery
  - Good for post-op analgesia in severe pulmonary disease

Rate of complications

- Vascular puncture 5.5%
- Transient neurological deficit 2.6%
- Horner’s Syndrome 2.2%
- LAST 0.2%
- Phrenic Nerve Blockade 0-3%
- Pneumothorax 0.2-0.7%

Three Pearls: Infraclavicular

- Steep angle of approach avoids coracoid process
- Inject Local behind Axillary artery, U-shaped infiltration
- Holds catheter very well.