



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%

Chen KJ, Singh M, Vidyarthi Y, Chen Y. Infraclavicular brachial plexus block for regional anesthesia of the lower arm. *Anesth Analg*. 2010;110(5):1212-1217.
 Petrar S, Sefariani M, Heel S, Schwarz K. Hemidynamic paralysis following ultrasound-guided supraclavicular versus infraclavicular brachial plexus blockade: a randomized clinical trial. *Reg Anesth Pain Med*. 2014;9(1):10-18.
 Santhi NS, Manna JS, Medabalmi PC, Capan LM. Sonographically guided infraclavicular brachial plexus block in adults: a retrospective analysis of 1,143 cases. *J Ultrasound Med*. 2006; 25: 1555-1564.

Three Pearls: Infraclavicular

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

