Obscure but useful nerve blocks

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Recent Meal
Smoker
Sleep Apnea
Hep C
Basics
Probe Cover and Sterility
Needle and Syringe
20 or 30cc
In-plane versus Out-of Plane
In-plane versus Out-of Plane

More advanced
Needle Proximity
Peripheral Nerve Injury (PNI)

Persistent neuro deficits post block

1-3 per 100,000

Mechanical Trauma
Anesthetic Toxicity
Microvascular Ischemia
Intraneural Injection?
Local Anesthetic Systemic Toxicity (LAST)

- Intravascular injection
  - CNS and Heart
  - Intralipid Infusion
Anesthetic Choice

Lidocaine +/- EPI

vs

Bupivacaine
Anesthetic Choice

- **3% 2-Chloroprocaine**
  - Duration: 60-90m

- **1.5% Mepivicaine**
  - Duration: 2-3h

- **Ropivicaine**
  - Duration: 4-10h
Superficial Cervical Plexus

RAPTIR

SAPB
Clinical Notes

The ultrasound-guided superficial cervical plexus block for anesthesia and analgesia in emergency care settings

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Why?

• Is there a way to provide anesthesia for clavicle fractures?

• How to obtain pain control for lower facial abscesses or lacerations?
Superficial Cervical Plexus Block

Innervation

Common ED Indications

1) Analgesia for clavicle fracture
2) Skin anesthesia for IJ CVC
3) Earlobe anesthesia
   (laceration repair or abscess drainage)
4) Submandibular anesthesia
   (laceration repair or abscess drainage)
Supplies for Superficial Cervical Plexus Block

1) 6-8cc lidocaine 1-2% with epi or 0.5% bupivcaine
2) Chlorhexidine scrub
3) 25g 1.5 inch standard needle
4) Transparent transducer cover (optional)
Sup Pole Thyroid Cartilage
“RAPTIR”

Retrorclavicular Approach for the Infraclavicular Brachial Plexus Block

Brief Report

Ultrasound-guided retroclavicular approach infraclavicular brachial plexus block for upper extremity emergency procedures

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Why?

• Not getting anesthesia to the distal upper extremity - specifically Colles’ fracture

• Supraclavicular or Interscalene Nerve Block not good enough?

• Classic Axillary Block not easy in the ACUTE setting (poor needle visualization + arm manipulation)
Classic Anesthesiology Approach
Pec Muscle

Ax
20cc of Anesthetic

Ax

Pec Muscle
Fall on Outstretched Hand

Bad COPD

Post Block
Serratus Anterior Plane Block

“SAPB” block
Planar Block

- Large Volume in a Fascial Plane
- 20cc anesthetic + 20cc Normal Saline
- Clinical utility = Rib Fractures, Zoster, …
- **Game Changer**
Thoracic Intercostal Nerve

Lateral Cutaneous Branch

serratus anterior muscle

external intercostal muscle

internal intercostal muscle

Sternum

Posterior

Anterior

Latissimus Dorsi

Muscle

Pectoralis Muscle
Summary

• The future of pain management is an active process

• Learn Regional Innervation

• Find blocks that work in your clinical practice
Questions?

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