

Brachial Plexus Approach

Transducer Placement

Ultrasound Image

Reverse Ultrasound Anatomy™

Anatomy

Interscalene

Indications: Anesthesia and analgesia for surgery on shoulder, distal clavicle and proximal humerus.

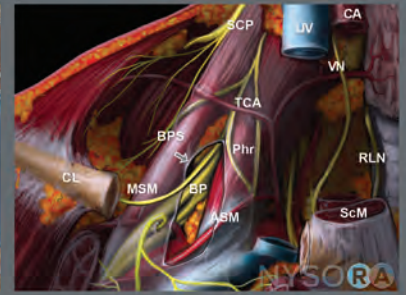
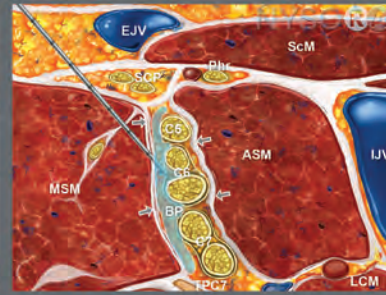
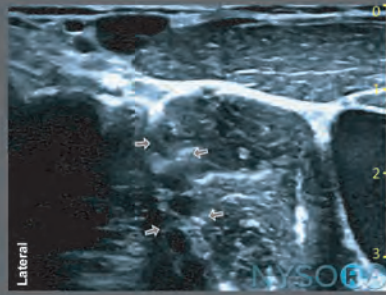
Patient position: Supine or semi-sitting, head facing to contralateral side.

Transducer: Linear.

Needle: 22G, 5 cm short bevel.

Common EMR obtained: Deltoid response.

LA: 10-15 ml.



ABBREVIATIONS

ASM	Anterior Scalene Muscle	LA	Local Anesthetic
BP	Brachial Plexus	MSM	Middle Scalene Muscle
BPS	Brachial Plexus Sheath	OHM	Omozyoid Muscle
BORe	Bolus Observe Reposition	Phr	Phrenic nerve
CA	Carotid Artery	RLN	Recurrent Laryngeal Nerve
EMR	Evoked Motor Response	SCM	Sternocleidomastoid Muscle
EJV	External Jugular Vein	SCP	Superficial Cervical Plexus
JLV	Internal Jugular Vein	TPC7	Transverse Process C7
LCM	Longus Colli Muscle	VA	Vertebral Artery
		VN	Vagus nerve

Initial transducer placement: Over external jugular vein, approximately 3 cm above clavicle. Alternatively, start at supraclavicular fossa and scan proximally toward the plexus.

Initial depth setting: 3 cm.

Landmarks: ASM and MSM, 2 or 3 round hypoechoic structures (roots or trunks) between the ASM and MSM.

Ideal view: C5 C6 C7 nerve roots.

Technique: Needle Insertion in plane (most common), lateral to medial; alternatively out of plane.

Ideal spread of LA: Within the interscalene space inside the sheath.

Number of injections: Based on spread; typically 1-2. BORE

Tips: Use PD to detect and avoid blood vessels on the needle path. Reconsider in patients with history of significant respiratory disease. Use short acting LA through catheter in such patients; extend block through catheter if initial block tolerated well.

Supraclavicular

Indications: Anesthesia and analgesia for surgery on humerus, elbow, forearm and hand.

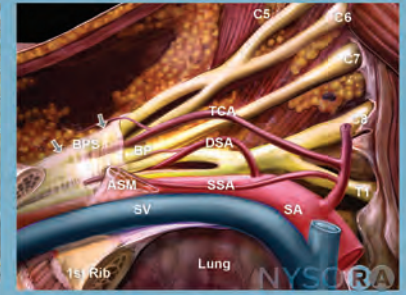
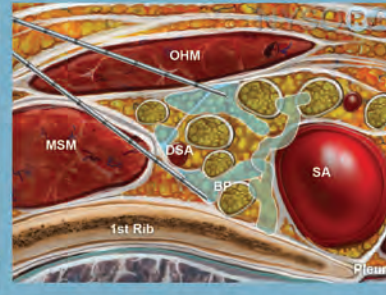
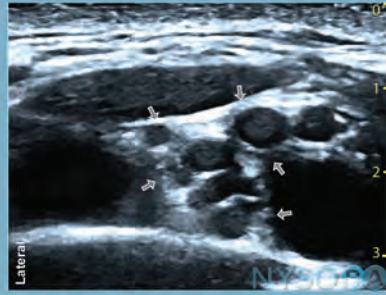
Patient position: Supine or semi-sitting, head facing to contralateral side.

Transducer: Linear.

Needle: 22G, 5 cm short bevel

Common EMR obtained: Forearm, hand response.

LA: 20-25 ml.



ABBREVIATIONS

BP	Brachial Plexus	MSM	Middle Scalene Muscle
BPS	Brachial Plexus Sheath	OHM	Omozyoid Muscle
BORe	Bolus Observe Reposition	PD	Power Doppler
CA	Carotid Artery	SA	Subclavian Artery
DSA	Dorsal Scapular Artery	SSA	Suprascapular Artery
EMR	Evoked Motor Response	SV	Subclavian Vein
LA	Local Anesthetic	TCA	Transverse Cervical Artery

Initial transducer placement: In supraclavicular fossa, lateral to clavicular head of SCM, tilted caudally.

Initial depth setting: 3 cm.

Landmarks: Subclavian artery, brachial plexus sheath (arrows), first rib and pleura.

Ideal view: Brachial plexus and subclavian artery above first rib (pleura should be visualized).

Technique: Needle insertion in plane, lateral to medial. Assess the depth of the BP, insert needle with shallow angle and adjust accordingly.

Ideal spread of LA: Within BP fascial sheath lateral to the SA but superficial to the first rib.

Number of injections: 2-3. BORE

Tips: Visualize the pleura (if unable, consider other technique). Use PD to detect and avoid TCA, DSA. Consider an alternative technique when large vessels are present within the sheath. Injection of LA should fill BPS. Reduce transducer pressure before injection of LA to facilitate spread.

Infraclavicular

Indications: Anesthesia and analgesia for surgery on humerus, elbow, forearm and hand.

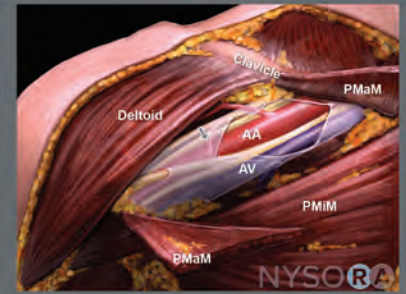
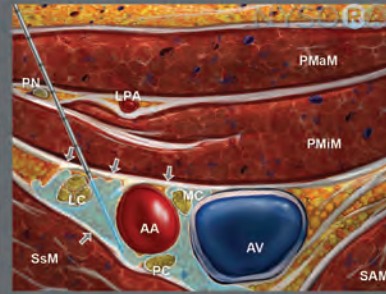
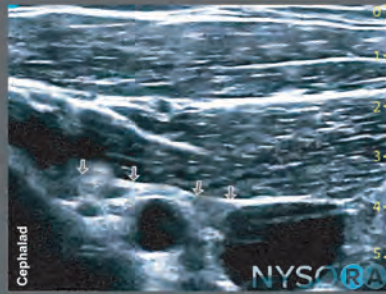
Patient position: Supine with arm abducted and flexed at elbow.

Transducer: Linear.

Needle: 22G, 8-10 cm short bevel.

Common EMR obtained: Forearm, Hand.

LA: 20-25 ml



ABBREVIATIONS

AA	Axillary Artery	MC	Medial Cord
AV	Axillary Vein	PC	Posterior Cord
BORe	Bolus Observe Reposition	PMaM	Pectoralis Major Muscle
CA	Carotid Artery	PMIM	Pectoralis Minor Muscle
CV	Cephalic Vein	PN	Pectoral Nerve
EMR	Evoked Motor Response	SsM	Serratus Anterior Muscle
LA	Local Anesthetic	SAM	Subscapular Muscle
LC	Lateral Cord		
LPA	Lateral Pectoral Artery		

Initial transducer placement: Parasagittal, below the clavicle, medial to coracoid process.

Initial depth setting: 5 cm.

Landmarks: Axillary artery and fascia of pectoralis minor muscle (arrows).

Ideal view: Axillary artery and vein below the fascia of pectoralis minor muscle, lateral, medial, posterior cords periarterially.

Technique: Needle insertion in plane, cephalad to caudad. Release transducer pressure before injection to detect AV and CV and decrease the risk of intravenous injection. Use PD to identify vascular structures.

Ideal spread of LA: periarterially (U-shaped).

Number of injections: 1-2. BORE

Tips: Ensure sufficient lateral placement of the transducer to avoid chest cavity. A single injection of LA is made where all cords are visible lateral to the artery, or posterior to the artery.

Axillary

Indications: Anesthesia and analgesia for surgery on forearm and hand.

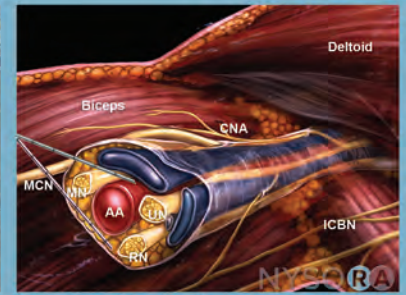
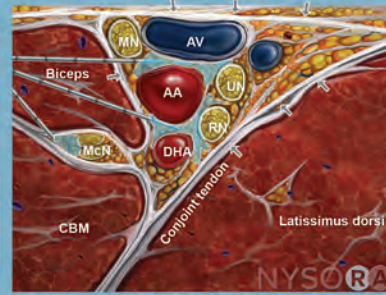
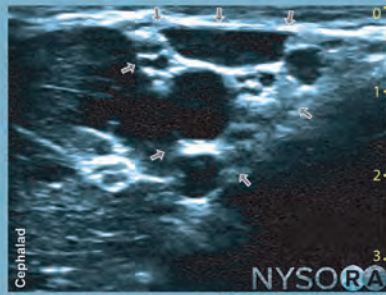
Patient Position: Supine with arm abducted and flexed at elbow.

Transducer: Linear.

Needle: 22G, 5 cm short bevel.

Common EMR obtained: Hand or fingers.

LA: 15-20 ml.



ABBREVIATIONS

AA	Axillary Artery	ICBN	Intercostobrachial nn
AV	Axillary Vein	LA	Local Anesthetic
BORe	Bolus Observe Reposition	MCN	Musculocutaneous Nerve
CBM	Coracobrachialis Muscle	MN	Median Nerve
CNA	Circumflex Artery	RN	Radial Nerve
DHA	Deep Humeral Artery	UN	Ulnar Nerve
EMR	Evoked Motor Response		

Initial transducer placement: Perpendicular to humerus in the axillary fossa, at intersection between pectoralis and biceps muscles.

Initial depth setting: 3 cm.

Landmarks: Axillary artery (AA) and Brachial Plexus fascial sheath (arrows).

Ideal view: MN, UN, RN scattered around AA, McN between the biceps and coracobrachialis muscles.

Technique: Needle Insertion in plane or out of plane. Injections: one above the artery, one between artery and conjoint tendon. McN is blocked separately.

LA deposit: 8ml posterior and 8ml anterior to the artery, 4ml for McN. Ideal spread of LA: around AA.

Number of injections: 2+McN. BORE

Tips: For extensive elbow surgery consider more proximal technique. Variations of McN are common. McN may be attached to the MN. Pre-scan to look for common anatomical variations. Reduce transducer pressure before injection of LA to facilitate spread and to decrease the risk of intravascular injection.

