

论著

## 锁骨下喙突入路臂丛神经阻滞—单点定位法和两点定位法的比较

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摘要

目的 采用随机对照临床试验的方法对两点法和单点法这两种定位方法在锁骨下喙突入路臂丛阻滞中的效果进行比较。方法 57名拟于锁骨下臂丛神经阻滞下行前臂和手部手术的患者被随机分为单点组(Group Single, n=29)和两点组(Group Dual, n=28),采用神经刺激仪在锁骨下部定位臂丛神经,单点组定位臂丛后束,引发伸腕伸指动作后注入0.5%罗哌卡因30mL;两点组除定位后束外,追加定位臂丛外侧束肌皮神经组分,引发屈肘反应,分别注入0.5%的罗哌卡因20mL和10mL。阻滞后每隔10min评价臂丛神经所支配的所有上肢7支终末神经的感觉阻滞情况,同时记录总体评分,操作时间和副反应的发生率。结果 阻滞后10min,两点组的肌皮神经的阻滞率高于单点组,阻滞后30min,两点组中肌皮神经和前臂内侧皮神经的阻滞率高于单点组(89.3% vs 62.1%; 85.7% vs 58.6%, P<0.05)。两组的总体评分无差异(11.5±2.4 vs 10.8±4.3)。结论 对于锁骨下喙突入路神经阻滞,用神经刺激器引发2个运动反应后分次注入局麻药的方法优于单点法。

关键词 [麻醉](#); [臂丛](#); [神经传导阻滞](#); [喙突](#)

分类号

## Infraclavicular brachial plexus block by the coracoid approach: a comparison of the effectiveness between single- and dual-injection techniques

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Abstract

Objective To evaluate the hypothesis that dual injection technique in infraclavicular brachial plexus block by the coracoid approach might enhance sensory block for anesthesia of the upper limb compared with a single-injection technique. Method 57 patients scheduled for surgery below the elbow were randomly assigned to receive the infraclavicular brachial plexus block by the coracoid approach guided by nerve stimulator with either single-injection technique (Group Single, n=29) or dual-injection technique (Group Dual, n=28). 30 mL 0.5% ropivacaine was injected after eliciting one distal extensive motor response in the upper limb with a nerve stimulator for block in group single. For group dual, the musculocutaneous nerve of brachial plexus was also located, the same volume of anesthetic was injected in separate doses of 10 mL and 20mL after elicitation of two different motor responses( flexion of the elbow and extensive of the wrist or fingers)in group dual. Sensory block was assessed in the upper limb every 10 minutes after the end of injection of the local anesthetic. The time needed to complete the block and the side effects were also recorded. Results 10 minutes after blockade, higher rates of sensory block in the dermatome of musculocutaneous nerve was read in group dual than in group single.

Significantly higher rates of sensory block to pinprick on the distributions of musculocutaneous nerve(89.3% vs 62.1%, P<0.05) and medial antebrachial cutaneous nerve(85.7% vs 58.6%, P<0.05 ) were found in group dual 30 minutes after blockade. No difference was observed in global scores between the two groups(P> 0.05). Conclusions Dual- injection technique guided by nerve stimulator increases the efficacy for infraclavicular brachial plexus block by the coracoid approach compared with a single injection technique with the same dose of local anesthetic.

Key words [anesthesia](#) [brachial plexus](#) [nerve block](#) [coracoid](#)

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