

Turkish Journal of Medical Sciences

Turkish Journal

of

Medical Sciences

A novel approach for brachial plexus block

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 [Keywords](#)
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Abstract: Aim: The line from the midpoint of the sternocleidomastoid muscle to the midpoint of the clavicle was considered the surface projection of the brachial plexus in the supraclavicular region in a previous report using radiological and anatomic techniques. The needle insertion site was the point between the clavicular one-third and cervical two-thirds of this line. The aim of the present study was to determine the clinical efficacy of these suggested landmarks. Materials and methods: Brachial plexus block was performed in 60 healthy adult patients undergoing elective surgery on an upper extremity using the above-mentioned new surface landmarks. Results: The characteristics of the block resemble those in the interscalene technique. Brachial plexus block was performed with a high success rate (98.5%) and minor complications including phrenic nerve palsy (45%), Horner syndrome (15%), and recurrent nerve block (1.6%). No major complication such as pneumothorax or accidental intravascular insertion was observed. Conclusion: The new landmarks were not dependent on patients' physical features or deeper anatomic structures. The surface landmarks based on bony prominences were defined easily. Brachial plexus block was performed with a high success rate and is considered a safe alternative to the classically described techniques.

Key words: Regional anesthesia, technique, brachial plexus block

Turk J Med Sci 2009; **39**(5): 655-660.

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