CONTINUOUS BLOCKING OF BRACHIAL PLEXUS FOR PROXIMAL HUMER SURGERY: WHERE TO PLACE THE CATHETER?

**Authors:** Giner L, Gomez L, Rodríguez P, Hernández MJ, Moliner S, De Andrés J.
Servicio de Anestesiología, Reanimación y Terapéutica del Dolor.
Consorcio Hospital General Universitario de Valencia (SARTD del CHGUV)

**INTRODUCTION / OBJECTIVE**

Humerus proximal fractures are frequent and can cause **moderate-severe postoperative pain**, which is treated using a multimodal approach, with NSAIDs, opiates and locoregional techniques (1).

The locoregional technique that is generally used is the echocardiographic blockade of the brachial plexus in **different locations** (interscalenic, supraclavicular or infraclavicular). Continuous or single puncture techniques can also be performed (2,3).

The objective of this study is to evaluate the analgesic quality and safety of the continuous regional techniques performed in our hospital for postoperative analgesia of open surgery to proximal humeral.

**RESULTS:**

The study incorporated the results of **21 patients**.
- Women/Men: 17/4.
- Average age of the patients was 68 years.
- BMI 29.43.
- ASA I / II / III: 3/14/4.
- Five infraclavicular catheters (24%), 7 interscalenic (33%) and 9 supraclavicular (43%) were collected.
- Infusion rate was 5ml / h (52%) or 7ml / h (48%).
- Analgesic control was adequate in all patients, with mild pain at 24 hours (24h VAS repose/movement 1.12/2.20).

**MATERIAL AND METHODS:**

We conducted a **retrospective study** on patients undergoing proximal humerus fracture surgery at our Hospital between 2014 and 2016. We included patients with continuous echocardiographic (interscalenic, supraclavicular or infraclavicular) brachial block with levobupivacaine 0.125% (5-7 mL/ h, bolus 5 mL). We collected demographic characteristics, type of blockade, rate of infusion, VAS at 24 hours and any complications.

**DISCUSSION AND CONCLUSION:**

Continuous locoregional brachial plexus techniques provide adequate postoperative analgesia in proximal humeral surgery. The rate of accidental catheter outflow is higher than the interscalenic level, the placement of the catheter at the **supra or infraclavicular level is preferable.**