Supraclavicular blocks have been described for shoulder surgeries but it spares the proximal branches of the shoulder joint. Low interscalene and supraclavicular blocks have been shown to have hemidiaphragmatic sparing effect. There are no clinical trials to state that one block is better than the other.

We present a case of shoulder arthroscopy of a young day case patient with multiple respiratory co morbidities who was done under supraclavicular block.

Case Report

A 44 year old gentleman with a BMI of 42 presented to us for right shoulder arthroscopy with background history of tracheomalacia diagnosed in 2010 secondary to shortness of breathe using BIPAP, type 2 diabetes, rheumatoid arthritis and epilepsy (stable). The patient had tracheal stenting in 2011 but was removed due to misfit and there was no further treatment from ENT/CTS.

The high risk surgery was explained to the patient, however he wanted the surgery to go ahead as his quality of life was affected by the ailment. Given the risk of respiratory failure/prolonged mechanical ventilation/tracheostomy post general anaesthesia, we decided to offer a regional technique to the patient and perform the shoulder arthroscopy under supraclavicular block using US and low dose local anaesthetic. Standard AAGBI monitoring and ultrasound guided supraclavicular block with 10 mls 2% lignocaine and 10 mls 0.25% bupivacaine was used. It was an uneventful procedure with no episodes of desaturation post surgery and patient was discharged home the same day without any complications.

Conclusion

This represents a challenging case with regional anaesthesia as a rescue technique for someone who can not have a general anaesthesia and again shows that supraclavicular block can be used for diaphragm sparing effect.