

A Randomized Comparison between Interscalene and Small-Volume Supraclavicular Blocks for Arthroscopic Shoulder Surgery

Aliste, Julián

Bravo, Daniela

Fernández, Diego

Layera, Sebastián

Finlayson, Roderick J.

Tran, De Q.

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Objectives This randomized trial compared ultrasound (US)-guided interscalene block (ISB) and small-volume supraclavicular block (SCB) for arthroscopic shoulder surgery. We hypothesized that SCB would provide equivalent analgesia to ISB 30 minutes after surgery without the risk of hemidiaphragmatic paralysis (HDP). **Methods** All patients received an US-guided intermediate cervical plexus block. In the ISB group, US-guided ISB was performed with 20 mL of levobupivacaine 0.5% and epinephrine 5 µg/mL. In the SCB group, US-guided SCB was carried out using 20 mL of the same local anesthetic agent: 3 and 17 mL were deposited at the "corner pocket" (ie, intersection of the first rib and subclavian artery) and posterolateral to the brachial plexus, respectively. A blinded investigator assessed ISBs and SCBs every 5 minutes until 30 minutes using a composite scale that encompassed the sensory function of the supra