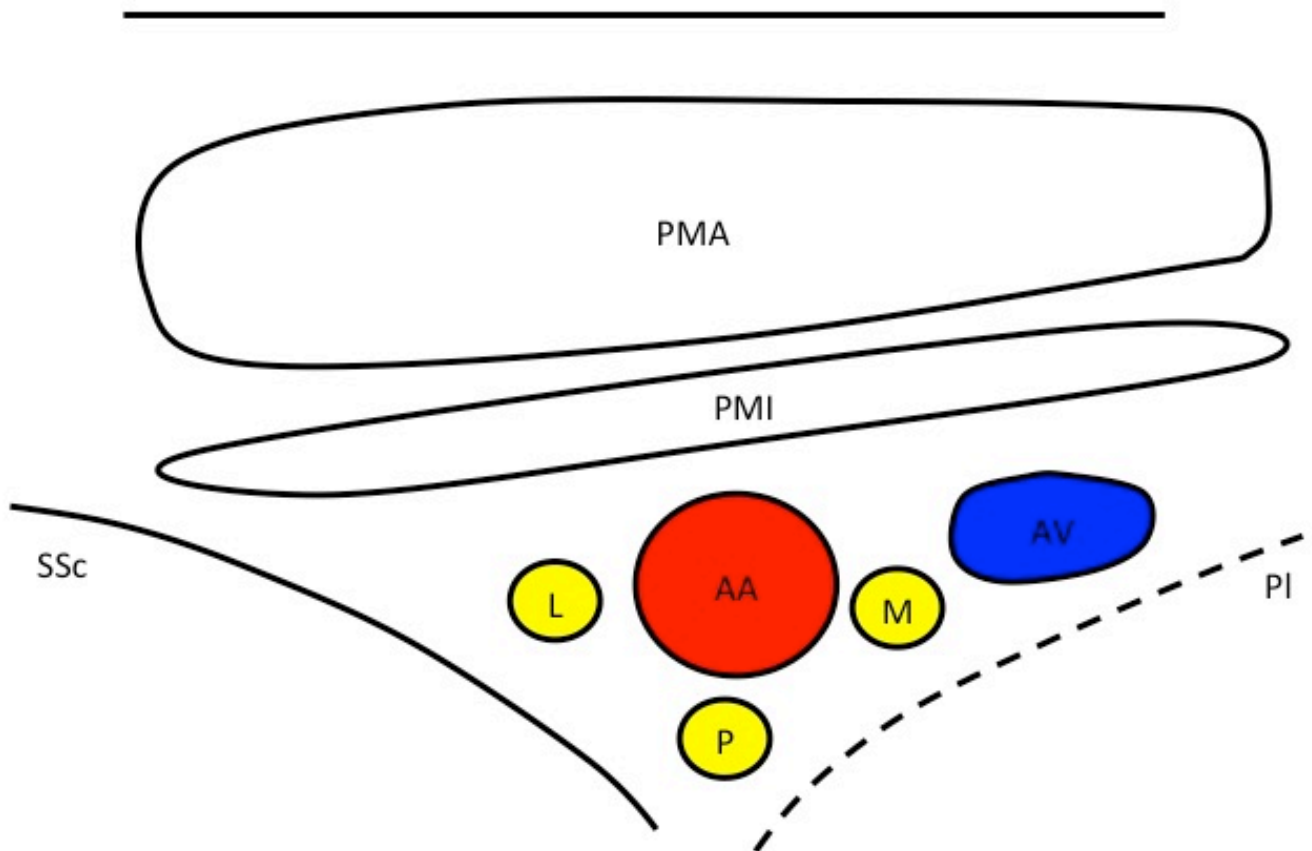


# INFRACLAVICULAR

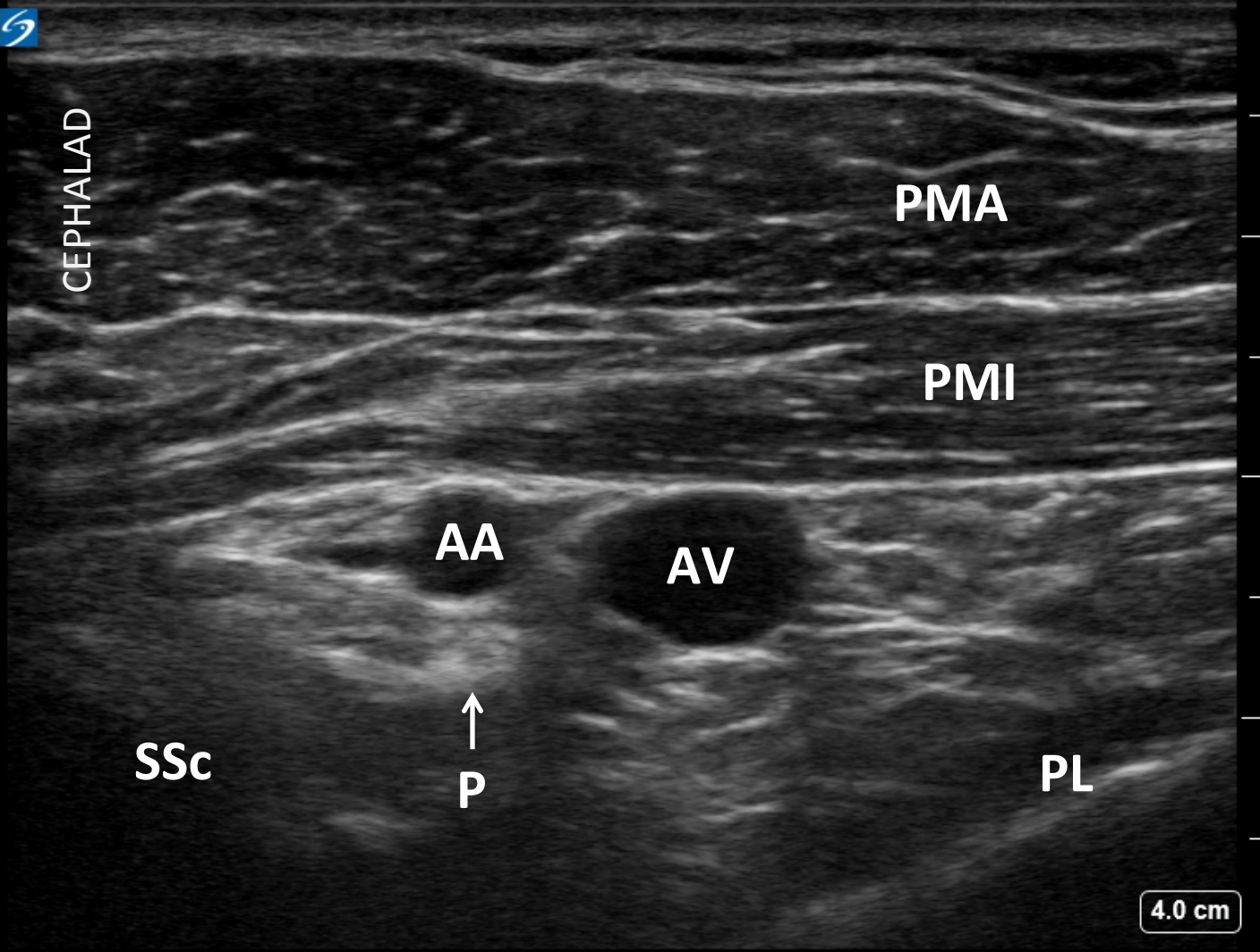
D. Wong  
M. Barrington

*Toolbox:* online modules 11; RAP lecture 3; hands-on module 6

CEPHALAD



Key structures: Pectoralis major and minor muscles (PMA, PMI), axillary artery (AA) and vein (AV). The lateral (L), posterior (P) and medial (M) brachial plexus cords. Subscapularis muscle (SSc) or pleura (PL) may be seen depending on transducer position.



Key structures: Pectoralis (PMA) major and minor (PMI) muscles, axillary artery (AA) and vein (AV). The lateral, posterior (P) and medial brachial plexus cords may be imaged. Posterior cord is most important target. Subscapularis (SSc) muscle or pleura (PL) may be seen depending on transducer position.

## **KEY STRUCTURES**

- PECTORALIS MAJOR
- PECTORALIS MINOR
- AXILLARY ARTERY
- AXILLARY VEIN
- BRACHIAL PLEXUS (CORDS)
- SUBSCAPULARIS

## **INDICATIONS**

- FROM ELBOW TO HAND
- USEFUL LOCATION TO PLACE CATHETER

## **CONTRAINDICATIONS**

- Contralateral pneumonectomy

## **SUGGESTED LOCAL ANESTHETIC DOSAGES**

- Surgical anesthesia and analgesia: 20 – 30 mL 0.5 - 0.75% ropivacaine
- Surgical anesthesia: 20 – 30 mL 1.5 - 2% lignocaine + epinephrine 1:200,000 or mepivacaine 1.5 – 2% (e.g. reno-vascular access)
- Postoperative analgesia alone: 20 – 30 mL 0.2 – 0.5% ropivacaine

# TRANSDUCER

- High or intermediate frequency linear transducer.  
Transducer width may be important, some practitioners prefer smaller footprint 25 – 38 mm, consider use of small footprint curvilinear probe.

**NEEDLE** 100 mm

## TIPS

- Abducting the upper extremity moves the clavicle cephalad, creating more space between the transducer and the clavicle for needle. Lateral placement of transducer increase likelihood of subscapularis being located in sonogram.



Photo credit: Dr Rowan Thomas