Central LA Spread with US Guided Supraclavicular Block

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History

- 29 year old male
- ASA 1
- NKDA
- Nil previous GA
- Fractured olecranon requiring ORIF
- Awake supraclavicular block followed by GA

History

- WHO Checklist
- IV access and full standard monitoring
- Stop before block check
- Patient positioned
- Asepsis
- Sonosite M Turbo with HF linear probe
- 50 mm sonoplex needle

History

- Initial scan and check for relevant structures
- Midazolam and Co-Amoxiclav given
- In plane technique
- 20 mls 0.5% Chirocaine prepared

History

- Transient paraesthesia when directing needle towards lower trunks
- Negative aspiration
- 1-2 ml aliquots of LA to corner pocket with good spread
- Needle redirected to upper trunks
- Negative aspiration
- 5 ml LA some spread seen

Presentation

- Patient became agitated and then unresponsive
- Generalised twitching movements
- Apnoea
- Hypertensive and sinus tachycardia
- Transient urticarial rash from neck to chest and abdomen

Management

- A B C D
- BM normal
- Midazolam bolus
- GA and ETT
- Transfer to ICU

Management

- Differential Diagnosis
  - Intravascular Injection
  - Central LA Injection
  - LA Toxicity
  - Anaphylaxsis

Management

- Sedation hold at 3 hours
- Extubated
- Full awareness of events
- Brachial plexus block lasted for 10 hours with no residual neurological deficit
- Serial Tryptase negative

Follow Up

- Safeguarded
- Letter of Candour
- Case Report Submission
- NESRA Presentation

Discussion Points

- Technique
- Differential Diagnosis
- Similar Clinical Experiences?
- Maintaining competence with brachial plexus blocks

References

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Any Questions?

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