SINGLE SHOT SUPRACLAVICULAR BRACHIAL PLEXUS BLOCK FOR ELECTIVE TOTAL ELBOW ARTHROPLASTY IN AN ELDERLY PATIENT

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Introduction

Anaesthetic management in patients with extensive co-morbidities can be challenging.

We present the case of an elderly patient listed for elective elbow arthroplasty, who did not prefer general anaesthetic.

Methods

90 years, 67 kg old female patient with known atrial fibrillation, ischaemic heart disease, myocardial infarction, poor effort tolerance and recurrent falls. No allergies were noted.

After an in-depth discussion about the anaesthetic options with the patient, family members and the operating surgeon, single shot supraclavicular brachial plexus block was agreed.

Under standard monitoring equipment, O₂ 4l/min was administered. The patient was sedated with 1 mg iv midazolam. Ultrasound guided, in plane, single-shot technique was used to anaesthetise the brachial plexus at the supraclavicular level. A mixture of 100 mg bupivacaine 0.5% and 200 mg lidocaine 2% were administered. After 30 minutes, the block was tested for cold and pain stimuli and confirmed to be effective.

Results

The intervention lasted for 2 ½ hours and was uneventful. The total dose of sedation was 2 mg of midazolam and 40 micrograms of fentanyl. She was very comfortable, remained respiratory and haemodynamically stable during the procedure. The nerve block lasted for six hours. She received a total of 10 mg morphine postoperatively, being discharged on day five.

Conclusions

The data published on usage of single-shot supraclavicular brachial plexus block for elective elbow replacement is less. We would suggest this technique to be considered for patients in whom avoidance of general anaesthetic would be a preferable option or for patients who refuse general anaesthesia.