The upper limb is well designed for performance of regional techniques. On the contrary to the lower limb, it is possible with only one block to anesthetize all territories involved by almost all surgical procedures of the upper limb. Two sites are extensively used for these purposes. The interscalene and infraclavicular blocks.

Three different approaches are performed for the interscalene block: the Winnie technique, the posterior approach and the lateral modified technique. The advantages and disadvantages of each technique will be discussed. The aim is to choose the one which offers good conditions for the performance and the placement of a perineural catheter and lowers the incidence of serious side-effects. Finally, the technique should avoid muscle structures if possible to minimize the discomfort associated with the performance of the block.

The infraclavicular block can be performed by three different techniques: the vertical block, the coracoid approach and the Raj modified technique. The advantages and disadvantages of each block will be discussed. The aims are the same than for the interscalene block: good conditions for the placement of a perineural catheter and avoidance of serious side-effects.

The axillary block has the disadvantage of needing at least 2 or three injections in order to cover all territories involved by surgery.

Recent studies have shown that in order to improve patient and surgical outcomes, the placement of a perineural catheter is necessary, since the single shot compared to general anaesthesia does not make any difference, except for the first postoperative hours.

References

