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## البحث السادس

### عنوان البحث باللغة الانجليزية:

Combined Infraclavicular-Suprascapular Nerve Blocks Compared With Interscalene Block for Arthroscopic Rotator Cuff Repair: A Prospective, Randomized, Double-blind, and Comparative Clinical Trial.

### نوع البحث:

بحث مشترك منشور مشتق من رسالة الدكتوراه للطبييه / فاطمه الزهراء أحمد و لم يسبق تقييمه.

### المشاركون في البحث حسب الترتيب:

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### ملخص البحث باللغة الانجليزية:

**Background:**

The gold standard postoperative analgesia protocol for arthroscopic rotator cuff repair procedures is the interscalene block (ISB), which prevents the significant consequences of phrenic nerve block associated with hemidiaphragmatic paralysis (HDP). The infraclavicular brachial plexus block (BPB) combined with the suprascapular nerve block (SSNB) had the same analgesic efficacy as the infraclavicular BPB alone, with no effect on respiration.

**Objectives:**

Therefore, the study aimed to assess the HDP and analgesic efficacy of both approaches in controlling pain following arthroscopic rotator cuff repair surgeries. Study Design: A prospective, randomized, double-blind, and comparative clinical trial.

**Setting:**

The study comprised 66 patients. They were separated into 2 equal parallel groups 33 patients each: the ISB group and the costoclavicular and suprascapular block (CSB) group.

**Methods:**

The ISB group obtained the ISB followed by the general anesthesia. The CSB group received infraclavicular blockade using the costoclavicular approach and SSNB followed by general anesthesia.

**Results:**

Considering morphine utilization during the first day following the operation, the groups demonstrated an insignificant difference. The CSB group showed a decreased rate of diaphragmatic paralysis.

**Limitations:**

There was no control group. And, the blocks might take a long time to be performed up to 30 minutes. Also, there were no validated criteria to define HDP based on M-mode ultrasound measurements.

**Conclusions:**

The employment of the costoclavicular block in combination with the suprascapular block may provide a comparable analgesic potency to the sole use of the standard ISB with no HDP.