

Scapular innervation is complex.

So let's break it down.

Identify

Innervation of affected

- Dermatomes*
- Myotomes*
- Osteotomes*



Select

C3-4

- Supraclavicular n.*

C5-6

- Suprascapular n.*
- Subscapular n.*
- Axillary n.*

C5-7

- Musculocutaneous n.*
- Lateral pectoral n.*

C6-T5

- Dorsal rami*

Combine

— Superficial cervical plexus block

— Interscalene block /
Superior trunks block

— Erector spinae plane block

Regional Techniques for Open Scapulothoracic Fusion

in Facioscapulohumeral Muscular Dystrophy

Introduction: A 57 y.o. male with facioscapulohumeral muscular dystrophy was scheduled to undergo open scapulothoracic fusion with iliac crest autograft and multiple intercostal fusions (T2/3, T3/4, T4/5, T5/6, T6/7, and T7/8).

Regional anesthesia considerations: Muscular dystrophy (sensitivity to opioids, optimization of respiratory function perioperatively); prone (posterior approach); broad surgical site involving midline; scapulothoracic surgery with multiple thoracic levels involved

Anesthetic management:

Preoperative ultrasound-guided:

- Right-sided T3 erector spinae plane block** (20mL of 0.5% ropivacaine)
- Superior trunks block** (10mL of 0.5% ropivacaine)
- Superficial cervical plexus block** (5mL of 0.5% ropivacaine)

Intraoperative analgesia:

- Ketorolac 30mg IV
- Ketamine 20mg IV
- Hydromorphone 0.8mg IV
- Dexamethasone 8mg IV

Postoperative analgesia:

- Hydromorphone 2mg PO q4h prn
- Minimal back discomfort (2/10)
- Regional analgesia lasted for 10 hours

Total intraoperative time was 4 hours. No pain crisis, respiratory depression, prolonged weakness, nausea or vomiting, or neurologic deficit occurred. He was discharged home on POD 1 uneventfully.

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