

Continuous costoclavicular brachial plexus catheter for pediatric oncologic shoulder disarticulation: two cases.

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Major pediatric oncologic surgeries, like shoulder disarticulation, carry high risks for severe postoperative pain and opioid-related complications. This blueprint highlights the successful implementation of continuous costoclavicular blocks as a safe, effective, and opioid-sparing alternative for sustained analgesia.

CLINICAL EFFICACY & OPIOID-SPARING IMPACT



LOW PAIN SCORES WITHOUT SYSTEMIC MORPHINE

Effective analgesia was maintained using only intraoperative induction fentanyl and limited PCA rescues.



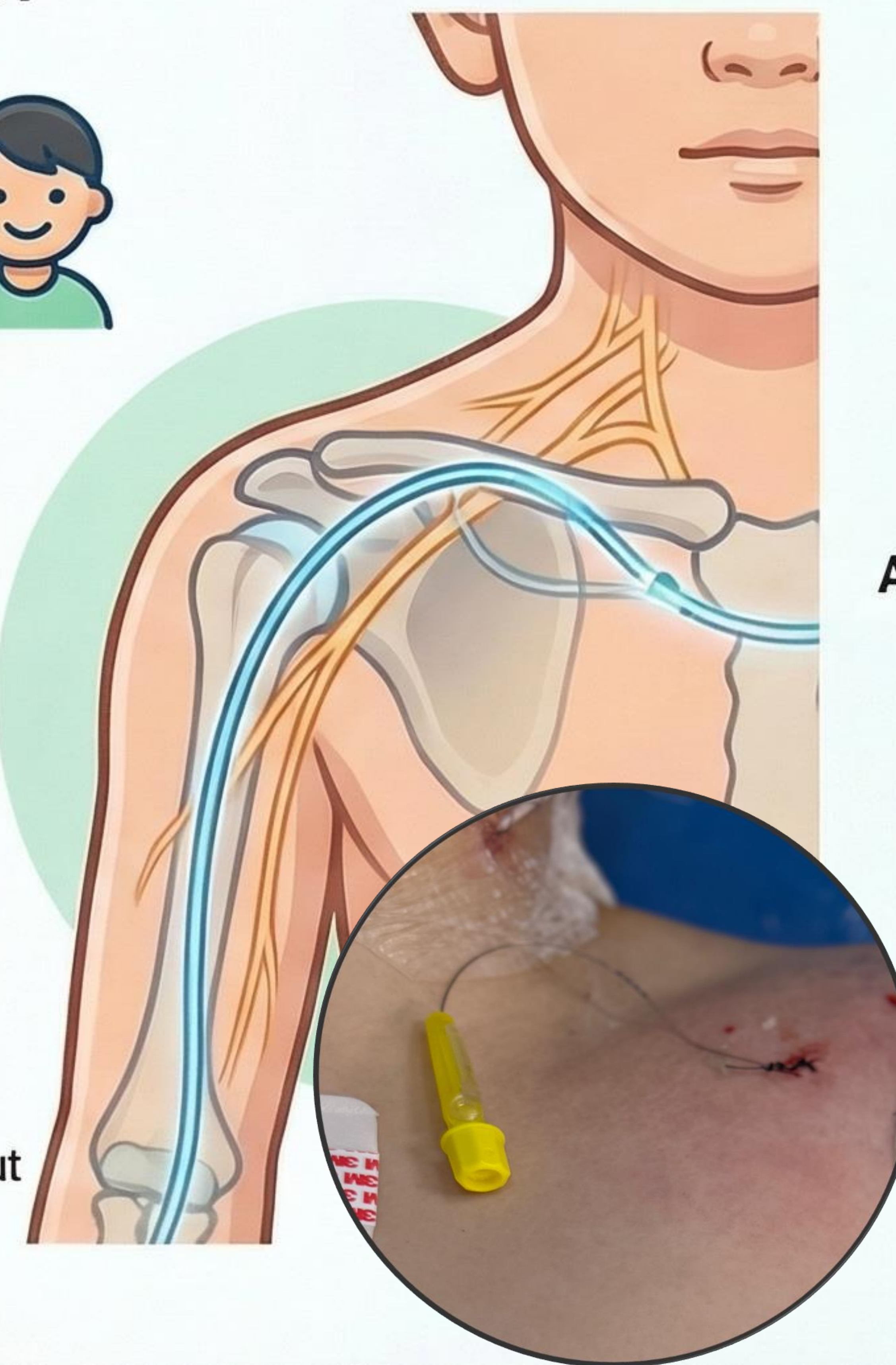
SUSTAINED ANALGESIA THROUGH POD 4

Continuous infusion was maintained until postoperative day 3, with successful catheter removal on day 4.



EFFECTIVE MULTIMODAL NON-OPIOID SUPPORT

Non-opioid adjuncts were continued throughout the recovery period without adverse effects.



SAFETY, FEASIBILITY & PRECISION



ZERO REPORTED ADVERSE COMPLICATIONS

- No instances of systemic toxicity, vascular puncture, infection, or respiratory compromises occurred.



PRECISION ULTRASOUND VERIFICATION

Ultrasound and fluoroscopy confirmed appropriate anesthetic spread around the brachial plexus cords.



HIGH CATHETER STABILITY

Catheter function remained stable despite anatomical constraints and peri-clavicular soft-tissue device placement.