

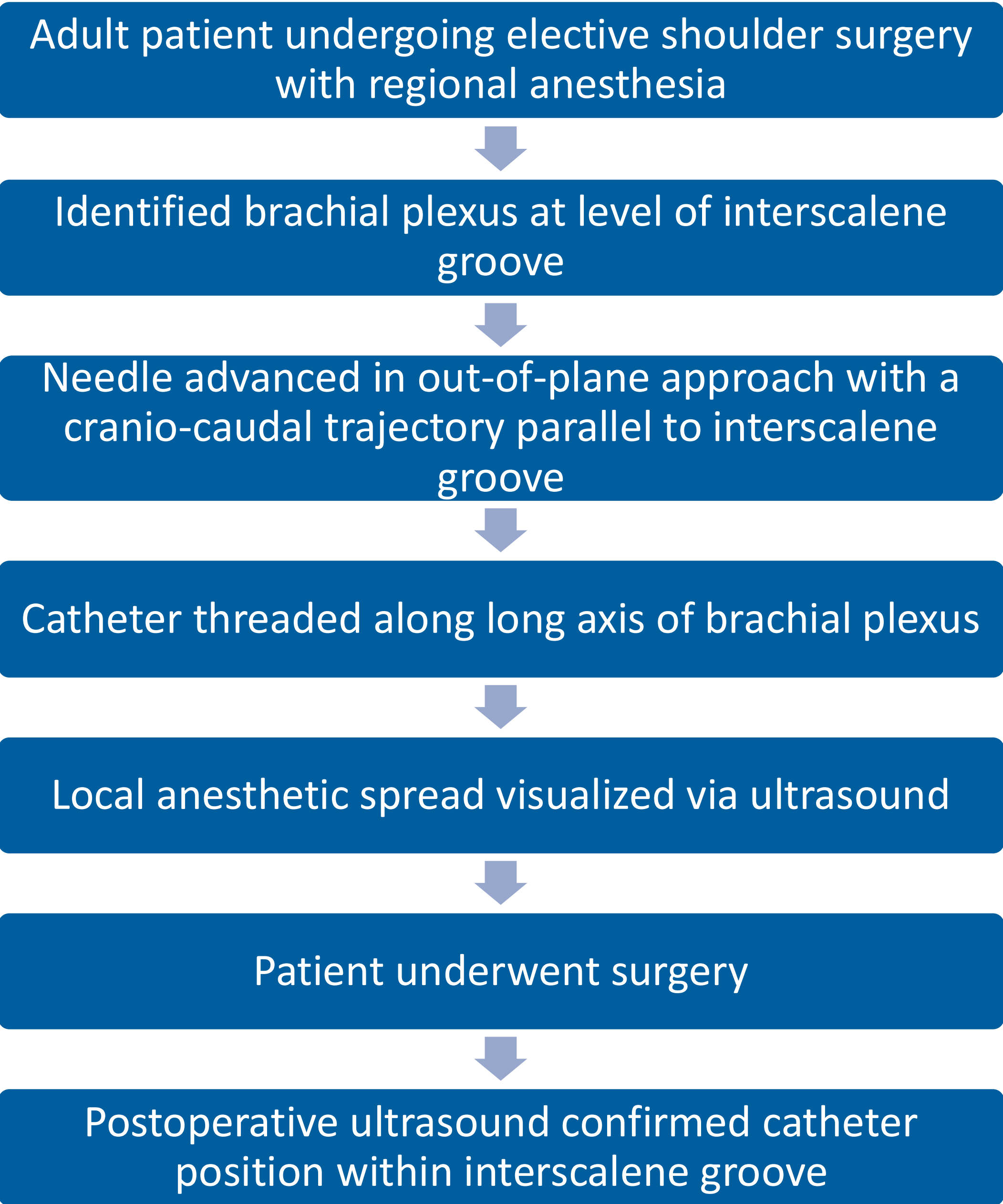
Modified Out-of-Plane Interscalene Catheter Technique with Postoperative Ultrasound Confirmation of Stability: A Case Report

PRESENTER:
Stephanie Ryan

BACKGROUND:

Continuous interscalene nerve catheters provide postoperative analgesia following shoulder surgery¹ but are frequently limited by catheter migration or dislodgement, particularly when placed preoperatively using traditional in-plane ultrasound-guided techniques. Loss of catheter position may lead to inadequate analgesia and increased opioid requirements.

CASE DESCRIPTION & METHODS:



Out-of-plane interscalene catheter techniques may reduce catheter migration

Pre-Operative Images:

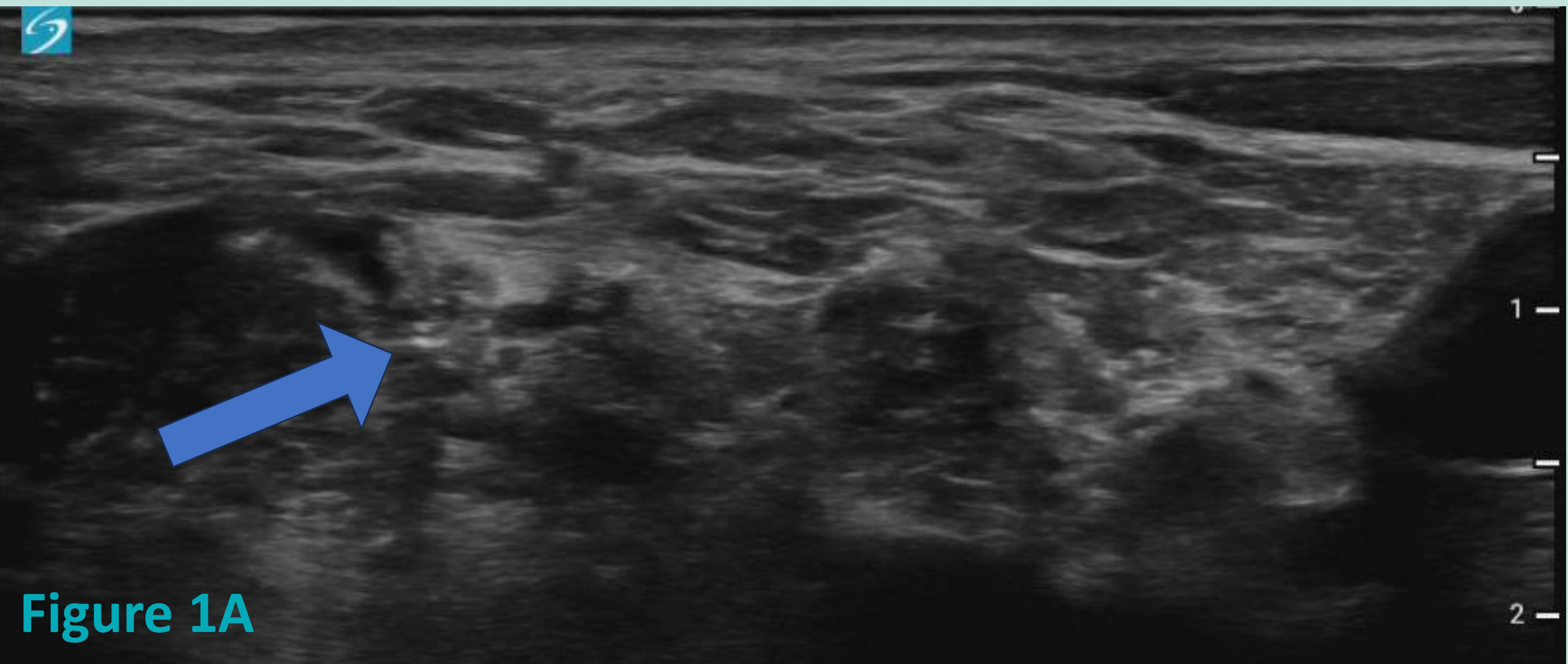
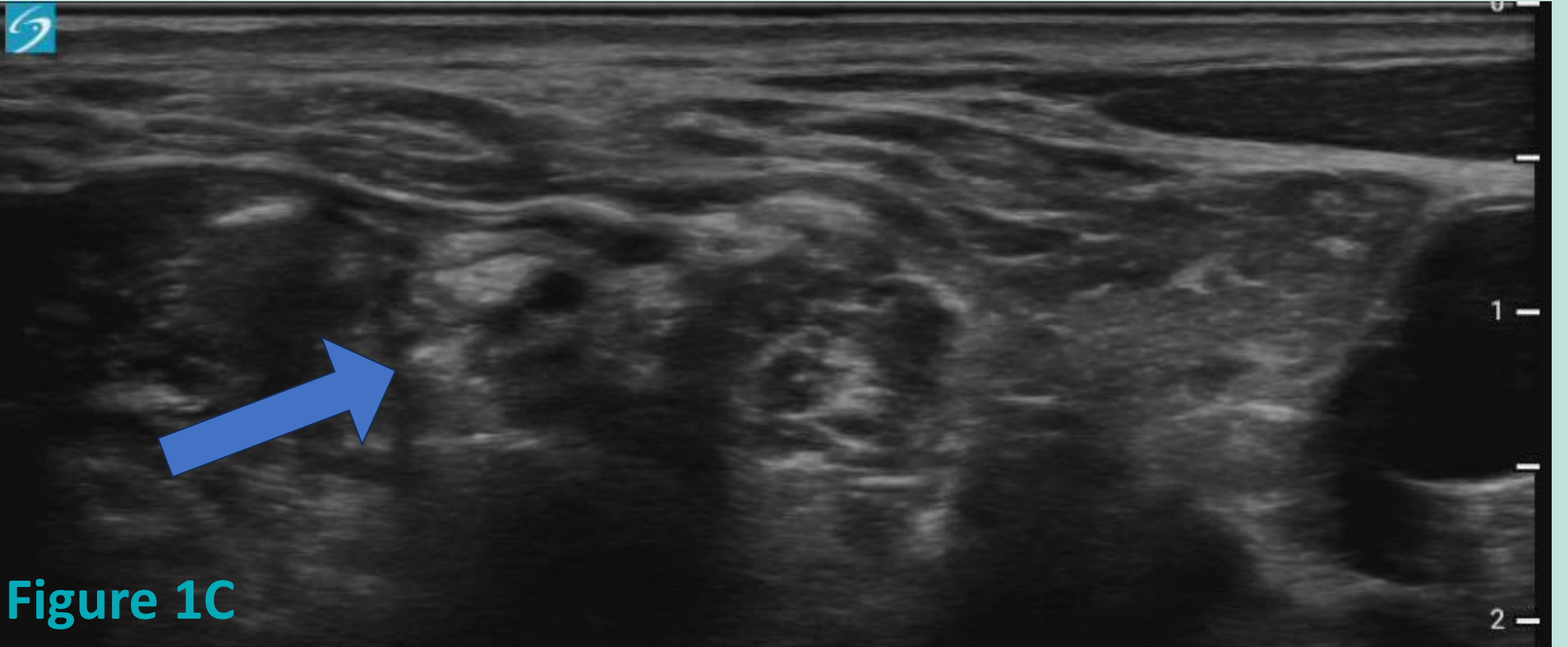
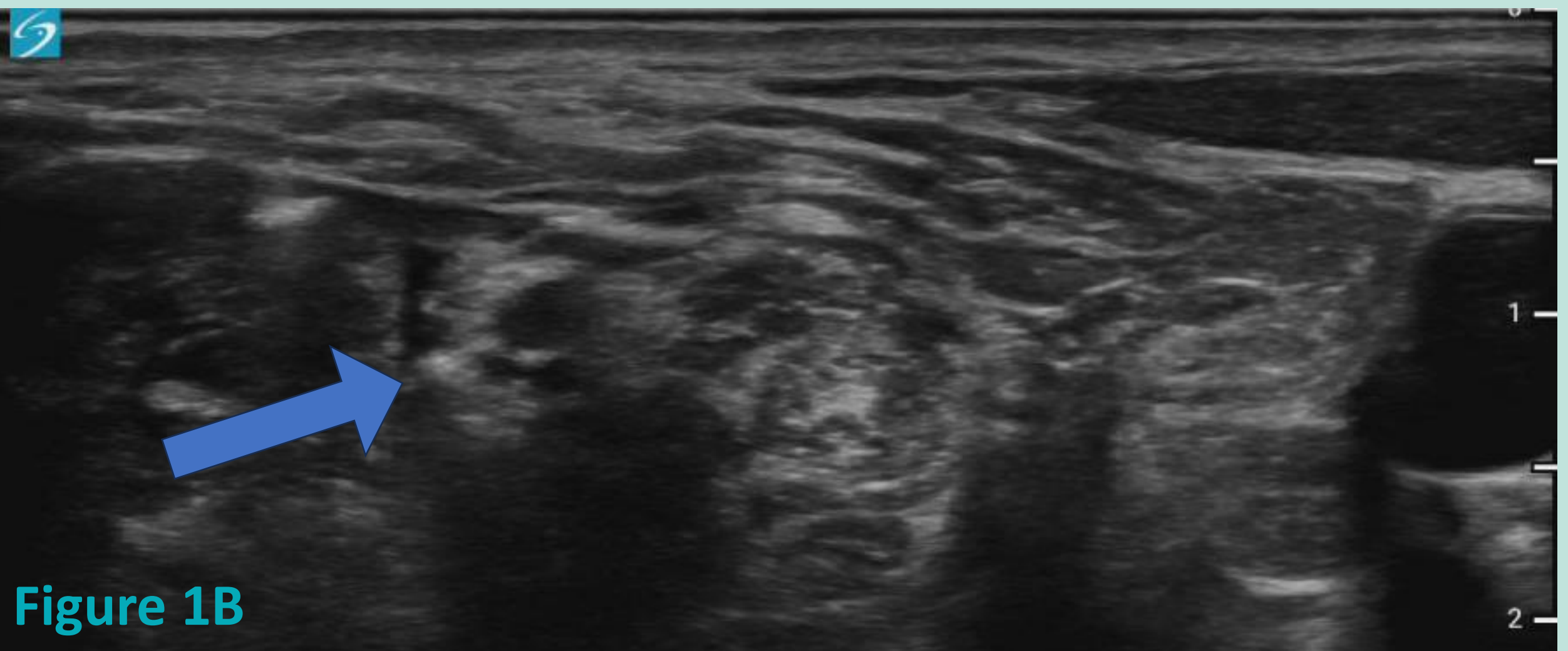


Figure 1A-1C: Pre-operative image showing catheter tip adjacent to C5/6 roots/superior trunk bundle with local anesthetic surrounding nerve tissue at various points throughout catheter insertion



Post-Operative Images:

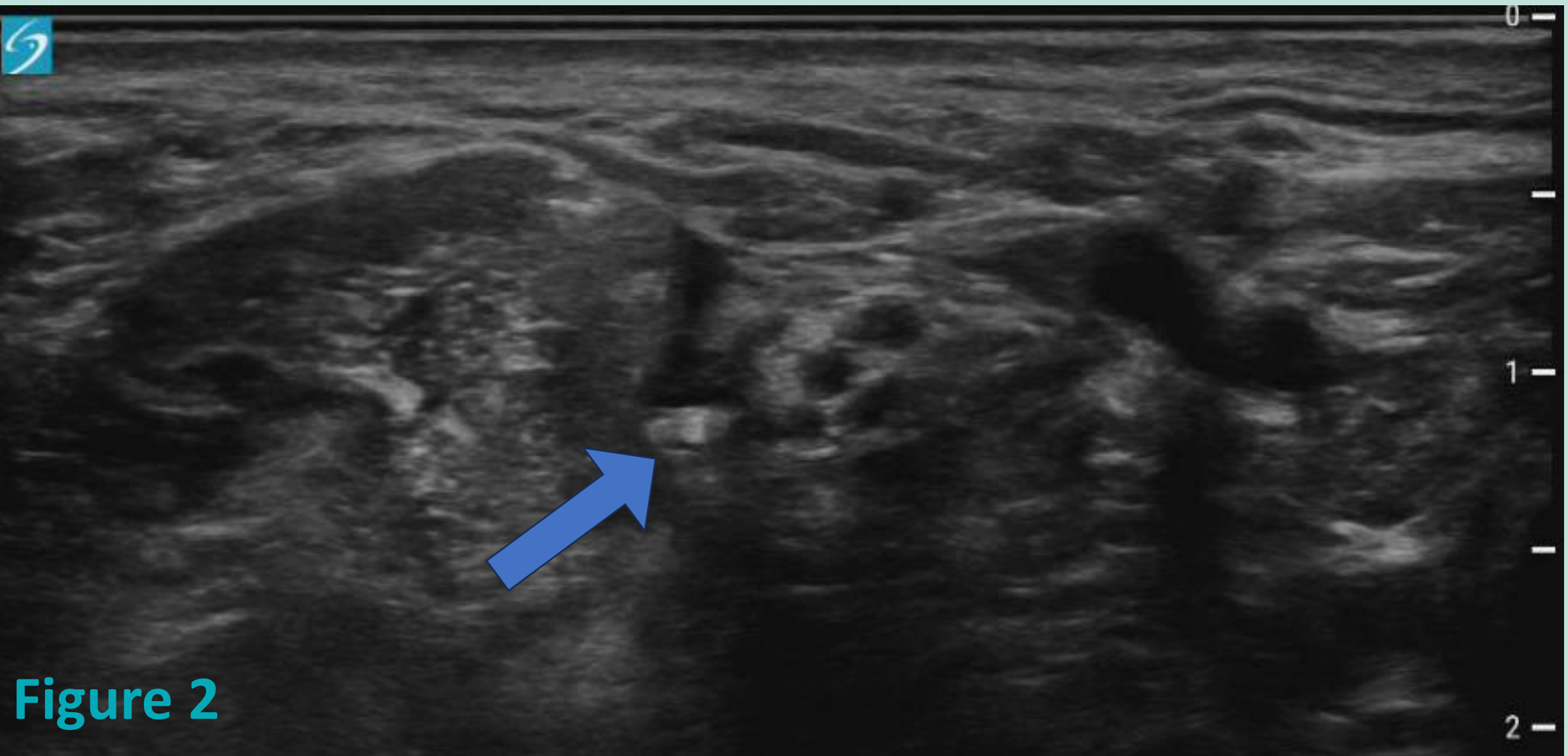


Figure 2: Post-op image showing catheter tip adjacent to C6/C7 roots/superior trunk bundle

DISCUSSION

Previous studies¹ have established the viability and analgesic efficacy of out-of-plane interscalene catheter techniques, as well as demonstrated that cranio-caudal trajectory may reduce catheter migration and superficial displacement by aligning the catheter parallel to fascial planes². However, these studies have not included routine postoperative ultrasound confirmation of catheter position. Importantly, the **superior ability of the catheter to follow the anatomical targets in a craniocaudal approach has not previously been evaluated**. Our case adds to the literature by combining the feasibility of this placement technique with direct postoperatively sonographic verification of catheter stability.

REFERENCES

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Stephanie Ryan MD, Philipp Gerner MD
Department of Anesthesiology
Mass General Brigham