

The most feared complication of the supraclavicular approach is pneumothorax. This complication appears to occur less frequently with the newer plumb-bob or subclavian perivascular (73,74,105) techniques, as compared to the classic Kulenkampff technique, although no adequately powered

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studies confirm this impression. No comparative data demonstrate that ultrasound guidance, with its inherent ability to visualize the pleura, reduces the incidence of pneumothorax, although limited reports have not listed pneumothorax as a complication (103,109). Supraclavicular block is associated with less hemidiaphragmatic paresis (95% confidence interval, 14%–86%) (59) as compared to the interscalene approach, but is still contraindicated for patients unable to withstand a significant reduction in pulmonary function. Minor side effects associated with the supraclavicular approach include unintended anesthesia of the cervicothoracic sympathetic chain and the recurrent laryngeal nerve. Subclavian artery hematoma is rare, but the inability to compress this vessel argues against performing supraclavicular block in anticoagulated patients (110).

