Background and Aims Although the interscalene block of the brachial plexus is the gold standard for clavicle osteosynthesis surgery, it’s not free from complications. The objective was to evaluate the anaesthetic and analgesic efficacy of the clavipectoral fascia plane block (CPB) in mid-clavicular fracture surgery.

Methods Descriptive observational study in 50 patients treated for osteosynthesis of mid-clavicular fracture (12 months period). The main objective was to assess pain (VAS) in the immediate postoperative period (POI), and at 6–12 and 24 hours. As secondary objectives: degree of intraoperative sedation (IOP) (Ramsay Score), perioperative fentanyl consumption, rescue analgesia, unplanned general anesthesia, the presence of motor or sensory block, and diaphragmatic paralysis evaluated by ultrasound.

After intravenous premedication with midazolam 3mg, fentanyl 0.5–1mcg/kg, ketorolac 30mg, dexamethasone 8mg, and cephalothin1g, CPB was performed according to the technique described related with the supraclavicular nerve block. IOP sedation was with dexmedetomidine IV 0.2–0.5 mcg/kg/h. As postoperative analgesia ketorolac 30 mg/12 h IV, and as rescue analgesia (VAS ≥ 4/10) tramadol 50 mg IV bolus.

Results El dolor postoperatorio POI a las 6–12 ya las 24 h fue de 1,04(DE=1,26);1,24(DE=1,42);1,34(DE=1,92);0, 96 (DE= 1,29) respectivamente (figure 1). La dosis total perioratorio media de fentanilo fue de 0,88 mcg/kg.Durante el postoperatorio, 9 pacientes (18%) solicitaron analgesia de rescate.No hubo conversiones a anestesia En general, no se eliminará bloqueo motor ni sensible de la extremidad superior ni parálisis diafragmática (table 1).

Conclusions Our series supports the anaesthetic and analgesic efficacy of the CPB block for the osteosynthesis of fractures of the middle third of the clavicle.