Results No adverse effects or anaesthetic complications were reported. The dose administered was 15 ml bupivacaine 0.5% for CPB and 5 ml bupivacaine 0.5% for the superficial cervical plexus block. There was no evidence of motor block of the operated limb. Immediate postoperative VAS was 0 in all cases and no rescue analgesia was required in the first 24 hours, only the usual multimodal analgesia.

Conclusions CPB associated with superficial cervical plexus block is an effective analgesic alternative for clavicular surgery. It is a safe ultrasound-guided block, which makes it a valid alternative to multimodal intravenous analgesia. Further studies are needed to demonstrate the efficacy, advantages and complications associated with this locoregional technique.

Background and Aims A 59-year-old ASA IV patient suffering from stage IV lung adenocarcinoma who suffered a pathological fracture of the distal right humerus. It was decided to do a closed reduction and internal fixation by traumatology with a T2 nail of the humerus. This patient was at a high anesthetic risk due to a history of bilateral PTE and pulmonary neoplasia that caused chronic respiratory failure with the need for oxygen therapy at home.

Methods In this case, regional anesthesia was performed under ultrasound control and neurostimulation: Interscalene block with 25ml of 0.375% levobupivacaine. Superficial cervical block with 10ml of 0.375% levobupivacaine. Suprascapular block with 10ml of 0.25% levobupivacaine. Intravenous sedation was performed in spontaneous breathing with nasal cannulas with capnography with: Remifentanil 0.05mcg/kg/min Propofol 3mg/kg/h

Results Throughout the intervention the patient remained hemodynamically stable and with oxygen saturations of 97–98%. Postoperative pain was well controlled without the need of opioids.

Conclusions This case wants to demonstrate the importance of having regional anesthesia in fragile patients with high anesthetic risk. We see how even in surgeries where general anesthesia is usually required, with a good anesthetic plan we can avoid it and perform the surgery safely and with excellent postoperative pain control, also avoiding the abuse of opioids in these patients.