Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Background and Aims The claviceptoral fascial plane block (CPB) is a recent regional anesthesia technique that has been utilized for clavicular fracture surgery. Although the sensory innervation of the clavicle is controversial, CPB seems to be effective since many of the sensory nerves pass through the plane between the claviceptoral fascia and the clavicle itself. We describe 3 cases where general anesthesia and airway manipulation were avoided with the use of CPB as sole anesthetic technique.

Methods We present 3 patients with closed, complete midshaft fractures of the clavicle, submitted to open reduction and fixation. The first case was a 74-year-old patient with history of heart failure (Ejection fraction <20%). We performed a CPB with 20 mL ropivacaine 0.5% and minor sedation with midazolam. The second case was a 19-year-old patient victim of trauma with multiple rib fractures and pneumothorax. We did a CPB with 30 mL ropivacaine 0.5%, under sedation with 0.5-0.7 mcg/kg/h of dexmedetomidine. The third case was a 54-year-old patient with history of difficult airway. We used CPB with 30 mL ropivacaine 0.5% combined with dexametomidine sedation.

Results In all cases, there were no registered complications and pain scores were low (VAS score of 1-2/10) in PACU.

Conclusions This technique may provide benefits to patients with difficult airways and in trauma. Comparing with interscalene block, CPB can avoid adverse events such as ipsilateral phrenic nerve palsy, vocal cord paralysis, vertebral artery injection, total spinal anesthesia and pneumothorax. However, loss of the fascia’s integrity during trauma may compromise the spread of the local anesthesia.

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Background and Aims This clinical case reports the effective-ness of the greater occipital nerve block (GON-block) in controlling postoperative pain in a patient who underwent surgery for the scalp in the occipital region. We describe 3 cases where general anesthesia and airway manipulation were avoided with the use of GON-block as sole anesthetic technique.

Methods We present 3 patients with closed, complete midshaft fractures of the clavicle, submitted to open reduction and fixation. The first case was a 74-year-old patient with history of heart failure (Ejection fraction <20%). We performed a CPB with 20 mL ropivacaine 0.5% and minor sedation with midazolam. The second case was a 19-year-old patient victim of trauma with multiple rib fractures and pneumothorax. We did a CPB with 30 mL ropivacaine 0.5%, under sedation with 0.5-0.7 mcg/kg/h of dexmedetomidine. The third case was a 54-year-old patient with history of difficult airway. We used CPB with 30 mL ropivacaine 0.5% combined with dexametomidine sedation.

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