

Is Fluoroscopy-guided Suprascapular Nerve Block Better Than Other Techniques?

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LETTER TO EDITORS

Suprascapular nerve blockade (SSNB) is a simple and safe technique that provides relief from various types of shoulder pain since first described in 1941 by Wertheim and Rovenstein [1]. The Posterior approach has usually been performed for SSNB with or without C-arm fluoroscope.

Kang et al. described a new anterior approach for SSNB with fluoroscope [2]. They used anatomical landmarks including the coracoid process, scapular spine, shaft of the clavicle and suprascapular notch. A small volume of local anesthetic was injected and effective pain relief was achieved. They mentioned that their new technique had some advantages including effective block with a small dose of local anesthetics, more accurate placement of the tip of needle in the scapular notch and fewer complications such as pneumothorax and hematoma.

C-arm fluoroscope has been widely used for precise pain management and effective treatment [3-5]. However, frequent use of the fluoroscopy-guided technique causes severe health problems.

Recently, the reduction of irradiation exposure to the operator has been a key issue among pain physicians [6].

The most effective method to reduce irradiation exposure is to use a technique that does not require equip-

ment that utilizes radiation. Sono-guided techniques are frequently performed for various nerve blocks among clinicians. Sono-guided SSNB has been recently reported in the literature [4,5,7]. Some alternative techniques using ultrasound and the good successful rates of SSNB have also been reported [4]. These techniques make the sono-guided procedure the best choice for SSNB. Higher resolution and better accurate machines have been developed. Ultrasound is safe from irradiation and the equipment is simple to use. Sono-guided SSNB could become more popular among physicians due to it being radiation free and accurate. If it is at your bedside, it is a safe bet you will choose it.

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