

## **Authors' reply: Pneumothorax following ultrasound guided supraclavicular brachial plexus block**

Sir,

We sincerely thank the authors for their keen interest in our article. It is rightly stated by the authors, that relation of the first rib is of utmost importance during advancement of the needle. We should always aim toward the first rib inferiorly, as it will act as a natural barrier to needle. However, many times it is relatively difficult to maintain this relation, as highlighted by the authors.<sup>[1]</sup>

Studies are being conducted on giving supraclavicular block in semi sitting position, which may provide a better access of the neck structures. Asking the patient to reach for the ipsilateral knee depresses the clavicle slightly and gives a better access to the anterolateral structures of the neck. This position is more comfortable for the patient and allows for better drainage and lesser prominence of the neck veins. It becomes easier to align the subclavian artery and brachial plexus over the first rib in this position.

The posterior approach, as described by the authors, has shown a resurgence in the last few years, especially, with the use of ultrasonography for the training purposes.<sup>[1]</sup> However, it has its own set of drawbacks and more studies are required for validating the posterior approach as standard of care.

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### **Reference**

1. van Geffen GJ, Rettig HC, Koornwinder T, Renes S, Gielen MJ. Ultrasound-guided training in the performance of brachial plexus block by the posterior approach: An observational study. *Anaesthesia* 2007;62:1024-8.

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