



## LETTER TO THE EDITOR

## The anterior axillary nerve approach: A novel technical for shoulder surgery

*Ön koltuk altı sinir yaklaşımı: Omuz cerrahisi için yeni bir teknik*

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To the Editor,

We have read with great interest the letter to the editor by Eman et al.<sup>[1]</sup> that describes the use of an ultrasound shoulder block in a patient with a shoulder fracture. They state that this procedure provided perioperative opioid-free analgesia as well as adequate post-operative analgesia for their patient. They followed the 2019 shoulder block description by Rhyner et al.<sup>[2]</sup> (ultrasound approach of the suprascapular nerve at the subomohyoid-suprascapular region and the axillary nerve at the quadrilateral space of Velpeau), which in turn referred to the ultrasound axillary nerve approach described by Rothe et al.<sup>[3]</sup> and the ultrasound suprascapular nerve approach by Siegenthaler et al.<sup>[4]</sup>

Nevertheless, the axillary nerve approach at the quadrilateral space of Velpeau (the neurovascular space bordered by the teres minor muscle, the del-

toid muscle, the triceps muscle, and the shaft of the humerus bone) may spare some early nerve branches that this nerve supplies to the shoulder joint before it reaches the Velpeau space.<sup>[5]</sup> The anterior axillary nerve approach recently described<sup>[6]</sup> avoids the loss of block of these early branches, thus leading to a more complete nerve block. Finally, both components of the shoulder block will be performed on the anterior aspect of the patient with no change of position (Fig. 1).

We suggest keeping in mind this anterior approach to the axillary nerve as it provides a more complete nerve block and is simpler to perform.<sup>[7]</sup> A benefit of the anterior approach to the axillary nerve is that we can block the terminal branches of the brachial plexus, which rest on the subscapularis muscle. We suggest a posterior approach to the suprascapular nerve in the sitting or lateral decubitus position, to facilitate the insertion of the needle (Fig. 2).

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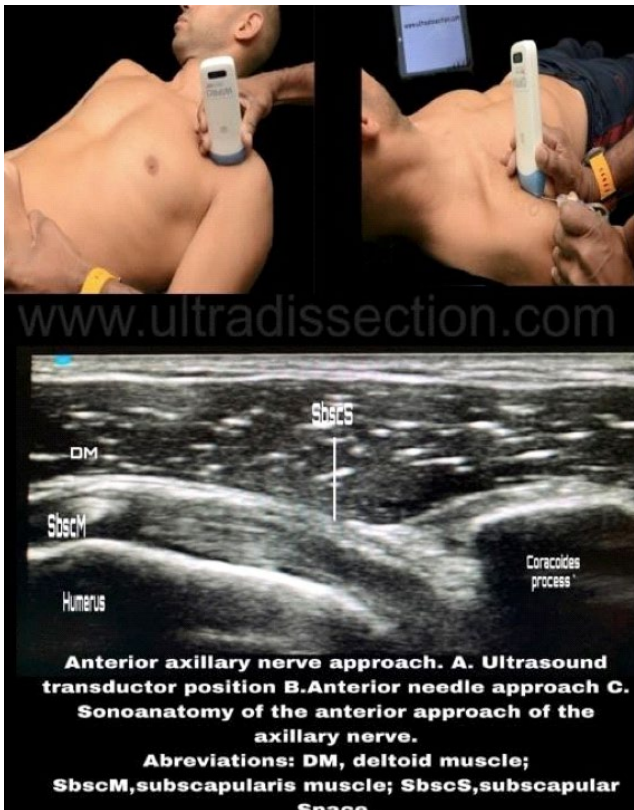
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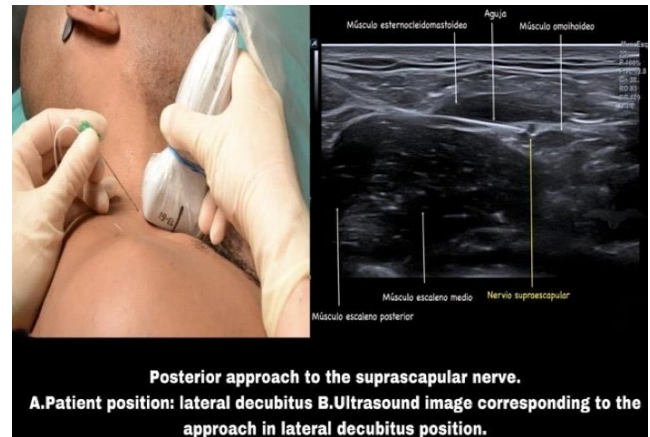
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**Figure 1.** Anterior axillary nerve approach.

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**Figure 2.** Posterior approach to the suprascapular nerve.

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