

Emergency indication

Regional block: musculocutaneous

Forearm laceration or injury

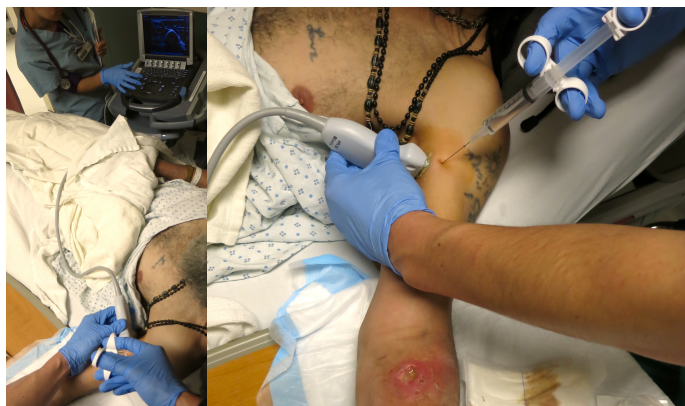
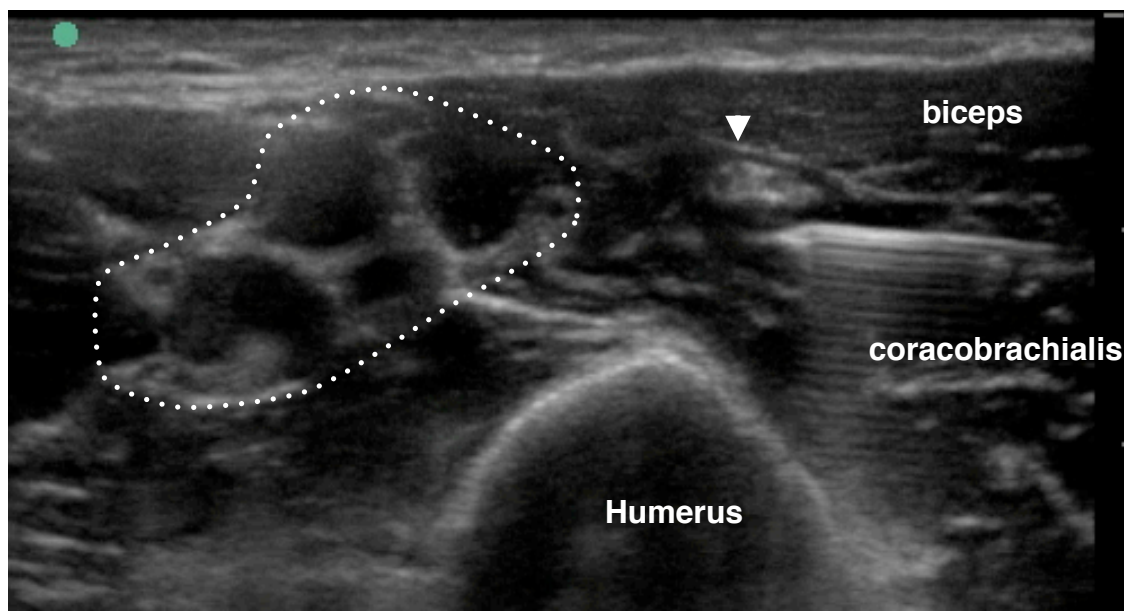
The superficial innervation of the anterior forearm is supplied by the lateral antebrachial cutaneous nerve (a terminal branch of the musculocutaneous nerve) the medial antebrachial cutaneous nerve, and branches of the radial nerve. Given the cross innervation it is often necessary to block both nerves. The musculocutaneous nerve is easily blocked with us guidance in the axilla and humeral region. The medial antebrachial cutaneous nerve is well blocked with landmark based subcutaneous infiltration of a band of local anesthetic across the anteromedial aspect of the arm just above the elbow.

Elbow injury

(As part of the axillary brachial plexus blocok)

The major nerves of the elbow are the radial, median, ulnar and musculocutaneous.

The **musculocutaneous nerve** (arrow) in the distal axilla runs in a fascial between the biceps and the coracobrachialis muscles apart from the axillary neurovascular complex (dotted line). The musculocutaneous nerve contributes to the sensory innervation of the elbow; below the elbow it becomes the lateral cutaneous nerve and supplies the skin of the lateral forearm.



Ultrasound-guided block of the musculocutaneous nerve is best done with arm abducted allowing convenient access to the axilla with an in-plane approach. The nerve is easily identified 1-2 cm cephalad to the axillary nerves and vessels.