Brachial plexus injuries are devastating and usually result from high-energy trauma in young patients, especially from motor vehicle accidents. Selecting the timing of surgery is crucial for individual patient. The specific injury is determined by means of a precise workup, including careful physical examination, electrodiagnostic studies, and imaging studies. A thorough workup is essential for successful preoperative planning. The surgical options we focus for restoring of the function of the brachial plexus including neurolysis, nerve repair, nerve grafting and nerve transfer. Neurolysis in our experience is rarely able to restore function as an isolated intervention. It is often difficult to assess the efficacy of neurolysis because improvement may also be from spontaneous recovery. It is sometime destroying the reinnervating fibers in some cases. Nerve repair is possible only in acute case of clean sharp transactions with minimal scar. It is not a viable option in most subacute and delayed cases. Nerve graft is indicated for well-defined rupture nerve ends without segmental injury. Nerve transfers are the main options of our treatment. Most of our patients have preganglionic root avulsions either upper roots or total root avulsion.