

Going in Blind: Plating of Clavicle Midshaft Fracture Under Wide Awake Local Anesthesia Technique without Intraoperative Image Intensifier

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INTRODUCTION:

This report outlines the open reduction and plating of a midshaft clavicle fracture using WALANT without intraoperative image intensifier in a resource-limited district hospital.

REPORT:

A 20-year-old Indian male with an unremarkable medical history sustained a closed midshaft right clavicle fracture in a motor vehicle accident. Open reduction and plating under Wide Awake Local Anesthesia with No Tourniquet (WALANT) was done.

Through an anterior approach, the patient received 10ml of WALANT subcutaneously around the fracture and another 10ml subperiosteally post-incision. The fracture site was debrided, and ends were reduced. A straight locking plate stabilized the fracture, with screw length assessed by tactile examination of the posterior clavicle.

Throughout, the patient reported well-controlled pain, with mild discomfort during drilling. Postoperative X-rays showed acceptable clavicle alignment and appropriate screw lengths. Minimal postoperative pain allowed early range of motion exercises, facilitating a smooth recovery. Discharge occurred two days post-surgery.



Figure 1: Postoperative Check Xray

At specialist clinic follow-ups, the patient was assessed 2 and 6 weeks postoperatively. At 2 weeks, the wound was fully healed, and shoulder range of motion reached 80%. By 6 weeks, a complete recovery was observed, attributed to diligent physiotherapy adherence.

CONCLUSION:

Midshaft clavicle plating using Wide Awake Local Anesthesia (WALANT) showed favorable outcomes, suggesting its utility. Particularly beneficial for high-risk anesthesia cases and in resource-limited settings like district hospitals, its success highlights versatility and potential for improved patient care in challenging scenarios.

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