

## **Abstract**

Supraclavicular route of brachial plexus block is considered as 'The Spinal of Arm', in which local anesthetic agent is delivered at a point where the three trunks are compactly arranged and carry entire sensory, motor and sympathetic innervations of the upper extremity. The aim of this study was to compare the efficacy of supraclavicular brachial plexus block by using nerve stimulator method with USG guided method. The parameters observed were block execution time, time taken for sensory and motor onset, total duration of analgesia, success rate and complications. We concluded that Ultrasound guided supraclavicular brachial plexus block for patients undergoing upper limb surgeries provided rapid onset of sensory and motor blockade than NS group and also extends the duration of analgesia with good hemodynamic stability. Block execution time by US group was longer than NS group. Success rate achieved by both methods are almost similar and occurrence of complications such as vascular puncture and paresthesia was seen more in NS group.

With USG guided method there was speedy performance with less number of needle passes, smaller volume of local anaesthetic agent required, rapid onset of action, higher success rate and fewer complications.