LETTER TO THE EDITOR

Lidocaine with adrenaline infiltration for shoulder incisions

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Hoppenfeld and deBoer acknowledge that surgery around the shoulder '... is notorious for the amount of bleeding that occurs from skin and subcutaneous tissues during superficial dissection' [1]

Fig. 1 Shoulder incision without infiltration of lidocaine with adrenaline.

Fig. 3 Shoulder incision following infiltration of lidocaine with adrenaline.

(Fig. 1). Although the volume may not be clinically significant, control of this bleeding is necessary to allow accurate identification of tissue planes prior to deep dissection around important anatomic structures. To assist with visualization during superficial dissection around the shoulder, we routinely infiltrate lidocaine with adrenaline [xylocaine 1% with adrenaline (epinephrine) 1:200,000] along the line of the planned incision (Fig. 2). This pre-incisional infiltration provides a relatively bloodless operative field (Fig. 3) and is used for incisions for anterior deltopectoral and anterolateral muscle-splitting approaches, as well as for incisions for clavicular and acromioclavicular joint surgery.

Reference

1. Hoppenfeld S, deBoer P, Buckley R. *Surgical exposures in orthopaedics: the anatomic approach*. 4th edition. Philadelphia: Lippincott Williams & Wilkins, 2009.

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Fig. 2 Lidocaine with adrenaline infiltrated along the planned line of incision.