Surgical Anatomy of the Cervical Plexus and Its Branches

The cervical plexus is a network of nerves that innervate the neck and shoulder. It is formed by the ventral rami of the first four cervical nerves (C1-C4). The cervical plexus gives rise to a number of branches, including the:

- Phrenic nerve
- Longitudinal nerve
- Musculocutaneous nerve
- Median nerve
- Ulnar nerve
- Radial nerve
- Accessory nerve

The cervical plexus is located in the posterior triangle of the neck, deep to the sternocleidomastoid muscle. The phrenic nerve is the only branch of the cervical plexus that does not innervate the neck or shoulder. It travels down the neck and into the thorax, where it innervates the diaphragm.



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Branches - E- Book by David J. Baker

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The longitudinal nerve innervates the scalene muscles and the longus colli muscle. The musculocutaneous nerve innervates the biceps brachii muscle and the brachialis muscle. The median nerve innervates the muscles of the forearm and hand. The ulnar nerve innervates the muscles of the hand.

The radial nerve innervates the muscles of the forearm and hand. The accessory nerve innervates the sternocleidomastoid muscle and the trapezius muscle.

The cervical plexus is an important structure in the neck. It innervates the muscles of the neck and shoulder, and it also controls the diaphragm.

Damage to the cervical plexus can cause a variety of symptoms, including:

- Weakness or paralysis of the muscles of the neck and shoulder
- Difficulty breathing
- Pain in the neck and shoulder
- Numbness or tingling in the hands and arms

The cervical plexus is a complex structure, and its anatomy is often difficult to understand. However, a thorough understanding of the cervical plexus is essential for surgeons who operate on the neck and shoulder.

Surgical Approaches to the Cervical Plexus

There are a number of different surgical approaches to the cervical plexus. The most common approach is the supraclavicular approach. This approach involves making an incision above the clavicle and dissecting down to the cervical plexus. Other approaches include the infraclavicular approach, the posterior approach, and the transaxillary approach.

The choice of surgical approach depends on the location of the lesion and the surgeon's preference. All of the surgical approaches to the cervical plexus are technically challenging, and they should only be performed by experienced surgeons.

Complications of Cervical Plexus Surgery

There are a number of potential complications associated with cervical plexus surgery. These complications include:

- Bleeding
- Infection
- Damage to the nerves of the cervical plexus
- Paralysis of the muscles of the neck and shoulder

The risk of complications is higher in patients who have a history of neck surgery or radiation therapy. Patients who are considering cervical plexus surgery should be aware of the risks involved.

The cervical plexus is a complex structure that plays an important role in the function of the neck and shoulder. Damage to the cervical plexus can cause a variety of symptoms, including weakness or paralysis of the muscles of the neck and shoulder, difficulty breathing, pain in the neck and shoulder, and numbness or tingling in the hands and arms.

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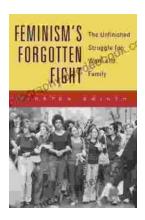


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