

## ANTEROLATERAL APPROACH

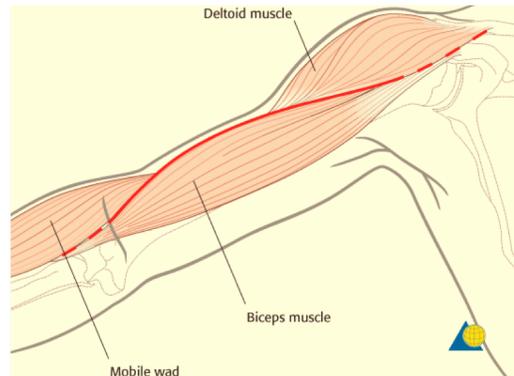
### Skin incision

Continuation of deltopectoral incision along the lateral border of the biceps

Depending on the fracture and its location, a smaller section might be used.

The incision follows a line extending from the interval distally between biceps and the mobile wad (brachioradialis and the wrist extensors) to the deltopectoral interval proximally, following the lateral edge of biceps and the anterior edge of the deltoid.

Minimize any detachment of subcutaneous tissue from the muscular fascia.

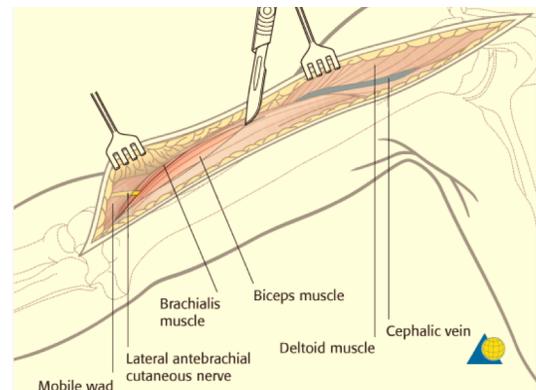


### Superficial dissection

Incise the fascia carefully between biceps/brachialis and the mobile wad, and extend proximally.

Look for the lateral cutaneous nerve of the forearm crossing distally. The radial nerve is deeper. It should be identified in the interval between brachialis and the mobile wad, and followed proximally as the incision is developed.

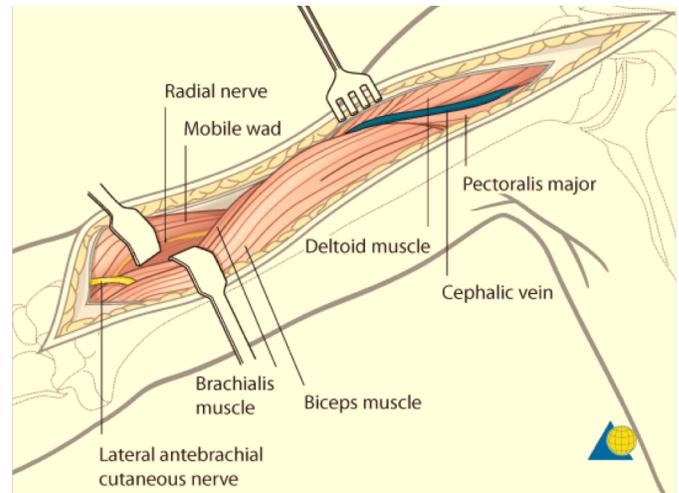
Proximally, look for the cephalic vein in deltopectoral interval. If it is stuck with the deltoid, muscular tributaries are less likely to be torn.



## Deeper Dissection

Retract the biceps medial and expose brachialis [identify musculocutaneous nerve in front of medial aspect of the brachialis and the mobile wad laterally in order to identify radial nerve.

Extend the dissection proximally, as needed release partial anterior insertion of the deltoid.



Split Brachialis in the middle and elevate subperiosteal; Achieve hemostasis.

