The ulnar artery can occasionally run superficial to the forearm flexors, the importance of this variant growing with the increasing use of radial arteries as conduits in coronary bypass. This case demonstrates the risk of damage to such a superficial artery, shown in Fig. 1, and confirmed on Doppler (Fig. 2).

Fig. 1. Bifurcation of left brachial artery into superficial radial artery (travelling vertically along forearm), and superficial ulnar artery curving medially. The first such case seen at our institution in 1117 operations over 9 years, where radial arteries were harvested for coronary bypass.

Fig. 2. Doppler of left forearm demonstrating left ulnar artery (U) 0.671 cm below skin. The right ulnar artery was 3.184 cm below the skin in this patient.