**4 Point Retrobulbar Nerve Block**

The 4-point retrobulbar block is technically easier and can be done more rapidly as compared with the Peterson eye block. In this technique, an 18 gauge, 9-cm long needle is introduced through the skin on the dorsal, lateral, ventral and medial aspects of the eye, at 12, 3, 6, and 9 o´clock positions, respectively. Introduction of the needle through the conjunctiva should be avoided to reduce the occurrence of ocular contamination. The needle is directed behind the globe using the bony orbit as a guide. When the needle is introduced into retrobulbar sheath, the eye will move slightly with the tug of the needle. After this location is reached and aspiration is performed to assure that the needle is not in a vessel, 5-10 milliliters of lidocaine (2%) is deposited at each site. Mydriasis indicates a successful block.

**Retrobulbar block**

An alternative to the 4-point retrobulbar block is the single retrobulbar block (Figure 2). In this technique, the 9-cm long 18-gauge needle is bent into a ½ circle. The needle is inserted immediately ventral to the dorsal orbital rim and directed such that the needle impacts into the bone of the orbit. Then the needle is advanced as it is rotated ventrally in a progressive

manner such that the needle remains in close proximity to the bone. After the needle is inserted to the caudal aspect of the eye, 20 ml of 2% lidocaine HCl is administered after aspiration to ensure that the needle is not positioned in a vessel or other fluid structure. Successful deposition of lidocaine causes mild proptosis of the globe.

Source: <http://www.originalprocess.it/wbc2010/AbstractCD/pdf/S34.pdf>