**Caudal Epidural**

This was performed using 5 ml Lidocaine(2%)

**Procedure**:

**Step 1:** Locate the first intercoccygeal space by raising and lowering the tail and palpating the depression and movement between the first and second coccygeal vertebrae.

**Step 2:** Disinfect the skin over the first intercoccygeal space

**Step 3:** Inject a small amount of local anaesthetic to desensitize the skin over the injection site and minimize reaction during insertion of the needle

**Step 4:** Directly over the midline insert a 3.75 to 5cm long 18 gauge needle, directed at about 10 degrees over the first intercoccygeal space.

**Step 5:** When the needle contacts the floor of the vertebral canal, withdraw about 0.5 cm; the needle tip should then be in the epidural space of the neural canal.

**Aspiration of a few drops of anaesthetic solution from the hub into the needle (hanging drop technique), and minimal resistance to injection indicate correct placement**

**Step 6:** Connect the syringe and inject slowly.

Loss of tail tone and sensation around the perineum indicates that the block was performed properly.

**Effect**: Pelvic viscera and genitalia are anaesthetised and abdominal contractions are abolished while leaving uterine motility and the locomotor function of the hindlimbs unaffected.

Uses: Used routinely for suturing tears in the perineum or vulva, perineal reconstruction, retraction of the uterine cervix and reduction of uterine prolapse.

**Complications**:

Rare complications include postural instability, recumbency, haemorrhage (if a venous sinus is punctured) and infection (if sterility is not maintained during the procedure).

Doses greater than 10 ml of 2% lidocaine in cattle (of approximately 450 kg bodyweight) may result in hindlimb incoordination and recumbency.

**Contraindications**:

Epidural anesthetic injections should not be administered to patients with increased intra-cranial pressure, clotting disorders (because of the possibility of causing an epidural hematoma), uncorrected hypovolemia, degenerative central or peripheral axonal diseases, anatomical abnormalities that make location of landmarks difficult, or skin infection at the site of needle penetration.