**General Info about Nerve blocks in Horses**

* Luer-lock syringes should not be used because they are difficult to attach to the needle after it is inserted, and this type of syringe cannot be detached quickly from the needle to prevent the needle from being pulled out, bent, or broken if the horse moves during the procedure.
* When the goal of regional anesthesia is to identify a site of pain below the carpus or hock, only the smallest effective volume of anesthetic solution should be administered to avoid inadvertent anesthesia of adjacent nerves.
* Before regional anesthesia is performed, the horse should be consistently and sufficiently lame so that any improvement in gait can be detected.
* Relief of pain and resolution of lameness after local anesthetic solution is administered into the fascia surrounding a nerve in the distal portion of the limb usually occurs within 5 min, but anesthesia of larger nerves in the proximal portion of the limb may take 20–40 min.
* Anesthetic solution might migrate up the nerve to anesthetize more proximal structures, thus confusing the results of the examination. To avoid this complication, the gait should be evaluated within 15 min after administering.
* When a regional nerve block is administered in the proximal portion of the limb, the horse may develop a gait abnormality or stumble because of altered proprioception.
* When nerves above the hock or carpus are anesthetized, it may be prudent to assess the horse's gait on a soft surface or after bandaging the distal portion of the limb so that abrasion to skin over the dorsum of the fetlock is avoided if the horse stumbles.
* Complications of regional nerve blocks are rare but include a broken needle shaft, SC infection, and infection of a synovial structure adjacent to the nerve anesthetized. Local anesthetic solution is detectable systemically, which could create a problem for a horse participating in a competition if the horse's serum is examined for the presence of drugs.