



Regional Anaesthesia of the Hind Limb

The plantar digital, abaxial sesamoid nerve blocks in the hind limb are performed in a similar manner to those in the forelimb.

Technique	Quantity (Q) of the local Anaesthetic Needle size	Injection Technique	Region Desensitized	Disadvantage	Picture
High Plantar (subtarsal) block.	Q: 3-5ml NS: 5/8 or 1- 1/2 inches, 20 -25 gauge	Analogous to the high palmar block of the forelimb. The needle is inserted axial to the 2 nd and 4 th metatarsal bones and directed dorsally toward the plantar aspect of the metatarsus. The medial and lateral plantar nerves can be anesthetized by injecting through the fascia adjacent to the dorsal surface of the DDFT in the proximal metatarsal region.	2 nd and 4 th metatarsal bones Suspensory ligament and its origin Flexor tendons in the metatarsal region.	Unintentionally injecting into the tarsal sheath or tarsometatarsal joint. Difficulty in performing the locks because of the anatomic configuration of the splint bones and the resentment of the horse. Difficulty in assessing the success of the block.	

<p>Tibial and Peroneal Nerve Block</p>	<p>Q: 10 to 20 ml NS: 1-1/2 to 2 inches, 20 to 22 gauge.</p>	<p>Inject site for the tibial nerve is approximately 4 inches above the point of the hock on the medial aspect of the limb between the Achilles tendon and the DDF muscle. The anaesthesia is deposited on different tissue planes in the fascia that overlies the DDFM. To completely desensitize the hock and limb distal to the hock 10-15ml of anaesthesia is injected superficially in several planes, to ensure the superficial peroneal nerve is blocked.</p>		<p>Blocking the tibial nerve provides anesthesia to the plantar tarsus, metatarsus, distal Achilles tendon, calcaneus, suspensory ligament, and most of the foot. Tibial nerve block and Superficial peroneal block desensitizes the entire distal limb.</p>	
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