**AURICULOPALPEBRAL NERVE BLOCK**

* Auriculopalpebral branch of the facial nerve (CRN VII) supplies motor fibres to the orbicularis oculi muscle and thus innervates the eyelids.
	+ It runs from the base of the ear along the facial crest past the eye ventrally, giving off its branches on the way

*Drug:* Lidocaine 2%. WDT; Meat- 5 days, Milk – 96 hrs.

*Weight of Animal:* 500kg

*Dosage:* 0.2mg/kg

*Volume Administered* = DxW/C

 = 0.2x500/20

 = 5 mL given

*Indications:* Induction of paralysis of the eyelids for eye examination, surgical interferences of the eyeball, or removal of foreign bodies from the cornea or conjunctiva.

*Procedure*

* 1. Clean and disinfect the area in front of the base of the ear and at the end of the zygomatic arch with an alcohol swab
	2. Insert the needle (21 gauge, 1.5”) in front of the base of the ear at the end of the zygomatic arch until its point lies at the dorsal border of the arch
	3. Draw back on the plunger to check that the needle is not placed intravascularly.
	4. Inject 5mls of 2% lidocaine at the injection site and subsequently remove the needle
	5. Hold off the site of injection and massage for even dispersion of the drug

Onset occurs 10-15 minutes and duration is approximately one hour.

*Complications:*

* Drying of the Cornea as a result of inability to blink.
* Accumulation of foreign material due to inability to blink (if environment is dusty).

This block does not produce analgesia of the eye or the lids. In conjunction with topical analgesia (2% lidocaine), it is useful for the removal of foreign bodies from the cornea and conjunctival sac. This block has no sensory effects but paralyses the muscles of the eyelid. It is used to keep the eye open, for example, as an adjunct in ophthalmic surgery.

This is one of the most commonly used techniques to block the motor function of the upper eye lid for ophthalmic surgery and to prevent eyelid closure during examination of the eyeball.

*Video link of procedure:*

<https://www.youtube.com/watch?v=wuayoqQtRSM>