**CONTRAINDICATIONS OF NERVE BLOCKS IN HORSES**

* 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.
* 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**.
* Needles should be directed distally during insertion when anesthetizing nerves in the distal portion of the limb. Directing the needle proximally may result in **proximal migration of anesthetic solution and unintended anesthesia of more proximal branches of the nerve.**
* When assessing the effects of anesthesia of nerves in the distal portion of the limb, the clinician should keep in mind that **anesthetic solution might migrate up the nerve to anesthetize more proximal structures.**
* When performing regional anesthesia, especially in the distal portion of the limb, **local anesthetic solution can be administered inadvertently into a blood vessel, joint, tendon sheath, or bursa.**
* Restraining the horse in stocks to administer regional anesthesia of the distal portion of the limb increases the **likelihood of injury to the clinician**.
* For some horses, the Palmar Digital Nerve block may cause at least **partial anesthesia of the proximal interphalangeal** (pastern) joint, especially if a large volume of local anesthetic solution (eg, >3 mL) is injected.
* With respect to the low palmar nerve block, though easily palpated on the forelimb, the **ramus communicans is often nonexistent or impossible to palpate on the pelvic limb**.