

### Coxofemoral Joint

**Quantity of Local Anesthetic:** 30 to 50 mL

**Needle Size:** 6- to 8-inch, 16- to 18-gauge spinal needle

**Injection Techniques:** The lateral approach above the palpable greater trochanter is used most commonly to inject the coxofemoral joint (Figure 3.95). The most important landmarks to palpate are the paired summits of the greater trochanter of the femur. The trochanter is located about 2/3 the distance between the tuber coxae and the tuber ischii. The greater trochanter is approximately 4 inches wide with a notch between the cranial and caudal protuberances that can be difficult to palpate. The site for injection is just above the middle of the proximal summit of the trochanter. A small bleb of local anesthetic is injected subcutaneously over the injection site; a small stab incision may aid needle insertion. A 6- to 8-inch, 16- to 18-gauge spinal needle is directed in a horizontal plane perpendicular to the vertebral column. The needle should be directed slightly downward to stay close to the femoral neck so that it is

approximately 1/2 inch lower than the insertion site after it has been advanced 3 to 4 inches. Alternatively, the needle can be positioned more proximally above the greater trochanter and directed downward at a steeper angle. Ultrasound can be helpful in directing the needle into the joint with either approach. The block is nearly always performed with the horse standing and usually restrained within stocks.

**Pitfalls:**

1. Inability to palpate the greater trochanter
2. Directing the needle too proximally and hitting the acetabulum above the joint
3. Inability to obtain synovial fluid
4. Inadvertent bending of the needle and not knowing where the tip of the needle is
5. Not contacting bone—needle usually directed too far cranially or caudally and not along the femoral neck