

Low Palmar or Four-point Block (Figure 3.63)

Quantity of Local Anesthetic: 2 to 3 mL/site

Needle Size: 5/8 or 1 inch, 22 to 25 gauge

Injection Technique: The lateral and medial palmar nerves lie between the suspensory ligament and the deep digital flexor tendon. These nerves are relatively deep but can be reached in most cases with a 5/8-inch, 25-gauge needle (a 1-inch, 22-gauge needle also may be used), after which 2 to 3 mL of local anesthetic is deposited. It is best to perform these blocks 1 cm proximal to the distal ends of the splint bones to avoid injection into the digital flexor tendon sheath. The medial and lateral palmar metacarpal nerves innervate the deep structures of the fetlock and course parallel and axial to the second and fourth metacarpal bones. A 5/8-inch, 25-gauge needle or a 1-inch, 22-gauge needle is used to inject 2 to 3 mL of anesthetic around these nerves as they emerge distal to the ends of the second and fourth metacarpal bones. However, because the palmar pouches of the fetlock joint can be inadvertently entered at this location, these nerves can also be anesthetized more proximally.

Pitfalls:

1. Inadvertent injection of the fetlock joint or digital flexor tendon sheath (Figure 3.64).
2. Proximal diffusion of anesthetic that may desensitize the body of the suspensory or other more proximal structures
3. Difficulty in assessing whether the palmar metacarpal nerves are desensitized