

High Plantar (Subtarsal) Blocks (Figure 3.71)

Quantity of Local Anesthetic: 3 to 5 mL

Needle Size: 5/8 or 1-1/2 inch, 20 to 25 gauge

Injection Technique: The high plantar block anesthetizes the medial and lateral plantar and plantar metatarsal nerves just below the tarsus analogous to the high palmar block of the forelimb. The plantar metatarsal nerves can be blocked using a 1.5-inch, 20-gauge needle inserted axial to the second and fourth metatarsal bones and directed dorsally toward the plantar aspect of the metatarsus.

Inadvertent administration of anesthetic into the tarsal sheath or the tarsometatarsal joint can occur when performing anesthesia of the plantar metatarsal nerves. The medial and lateral plantar nerves can be anesthetized by placing 3 to 5 mL of anesthetic through the heavy fascia adjacent to the dorsal surface of the DDFT in the proximal metatarsal region using a 5/8-inch, 25-gauge needle. The high plantar block will effectively desensitize the second and fourth metatarsal bones, the suspensory ligament and its origin, and the flexor tendons in the metatarsal region.

One study concluded that the high plantar nerve block cannot be used to differentiate between flexor tendon and suspensory ligament lesions as horses with both conditions improved after the block.

Pitfalls:

1. Inadvertently injecting into the tarsal sheath or tarsometatarsal joint
2. Difficulty in performing the blocks because of the anatomic configuration of the splint bones and the resentment of the horse
3. Difficulty in assessing the success of the block