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| **Fetlock Joint Block** |
| Anatomy | Fetlock joint, metacarpophalangeal joint or metatarsophalangeal joint  |
| Preparation of the site | Site should be disinfected with a sterile antiseptic solution, such a chlorhexidine |
| Restraints | * Lip twitch
* Lead shank
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| Materials | * 1 inch, 20 to 22-gauge needle
* 10 ml syringe
* Anaesthetic of choice
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| Procedure | **Proximal Palmar Pouch approach (FJB1)**:Palpate for the following structures to know where to inject* Distally to the button of the split bone
* Between the dorsal palmar aspect of the metacarpal 3
* Dorsal edge of the lateral branch of the suspensory ligament
* Apex of the proximal sesamoid bone
* Lateral proximal sesamoid bones
* Lateral, collateral sesamoid ligament
* Insert the needle horizontally, from lateral to medial until the synovial membrane is pierced

**Dorsal Approach (FJB2)**: * Needle is inserted at the dorsal aspect of the fetlock joint capsule which is the space slightly above the palpable joint space
* The needle is inserted under the lateral edge of the common digital extensor tendon and is directed medially and parallel to the frontal plane of the joint so that it enters the dorsal pouch of the joint -> if there is synovial fluid in the hub of the needle, the needle is in the correct place

**Collateral Sesamoidean** **Approach**:* Insert the needle between the lateral plantar or palmar aspect of the articular surface of the third metacarpal or metatarsal bone and the articular surface of the lateral proximal sesamoid bone
* Can also be done through the medial aspect instead of the lateral.
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| Structures desensitised | * Synovial membrane
* Joint capsule
* Surrounding soft tissues
* Subchondral bone by diffusion
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| Volume to be administered | * 6- 10 ml of fluid
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