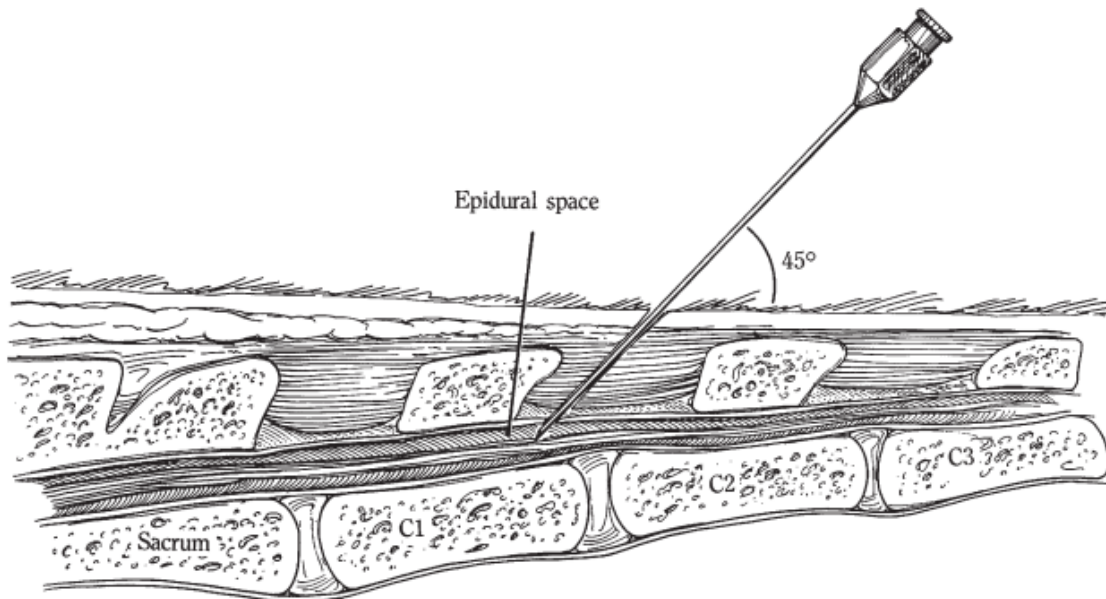
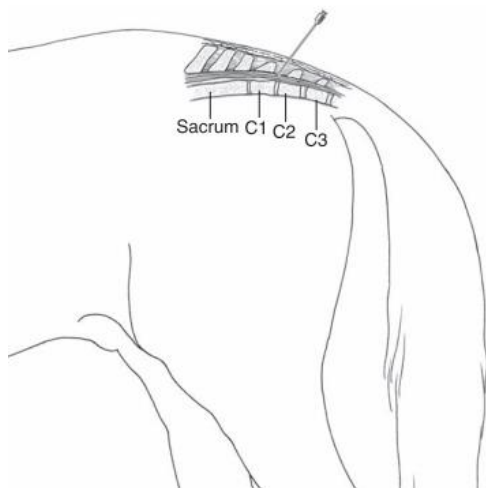


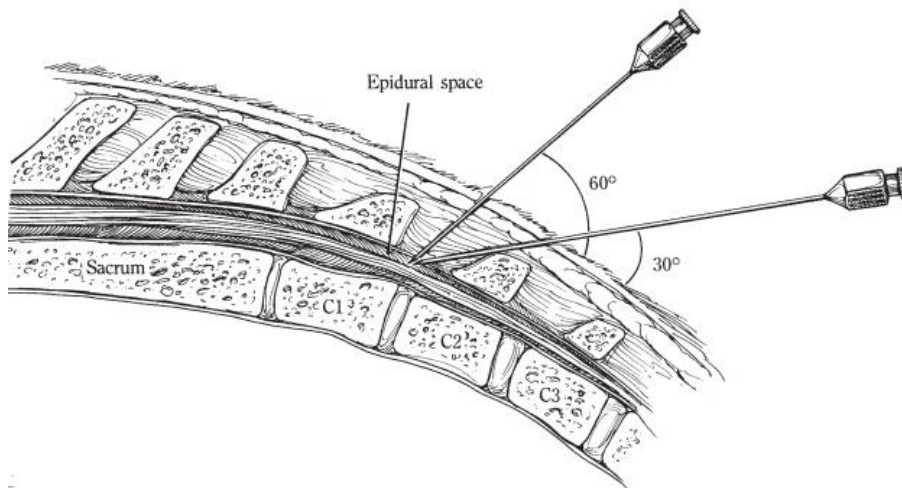
### Epidural anaesthesia of the horse.

The injection of the analgesic agent can be made either between the first and second coccygeal vertebrae or in the sacrococcygeal space. This site is 1 to 2 inches cranial to the long tail hairs in the horse. In the location the space, the tail should be grasped and moved up and down; the first obvious articulation caudal to the sacrum is the first intercoccygeal space. After clipping and skin preparation, a skin bleb should be made with 2% lidocaine using a 2.5-cm, 25-gauge needle, to facilitate needle placement. An 18-gauge, 3- to 5-cm needle (or a spinal needle) is to be introduced through the center of the space on the midline at a 45° angle in the ox until its point hits the floor of the spinal canal.



In the horse, this needle may be inserted at an angle of 30° from a perpendicular line through the vertebrae, or at an angle of 60°.





The needle should then be retracted slightly to ensure that the end is not embedded in the intervertebral disc. If the needle is correctly placed in the epidural space, there should be no resistance to injection. In addition, one should make sure that the bevel of the needle is pointed forward, rather than to one side, to obtain even anesthesia.

Adapted from:

Hendrickson D. Techniques in Large Animal Surgery. 3rd ed. Ames: Blackwell Publishing