# INDICATIONS

- Localize Pain causing lameness that has not improved after anesthetizing the PD nerves at the level of cartilages of the foot
- Desensitize foot for Sx

### DISADVANTAGES

 Performing the nerve block at the base of the proximal sesamoid bones decreases the likelihood of partially desensitizing the metacarpal joint.

#### Conditions blocked:

Pastern joint (synovitis, degenerative joint disease/DJD) \*Pastern area (distal sesamoidean strain, lacerations) \* Coffin joint (synovitis, DJD, subchondral bone cysts) \*Toe of foot (bruises, abscesses, canker, laminitis, seedy toe, shoeing problems, fracture of P3) \* Heel (ruled out with heel block)

# LANDMARKS

Palpate neurovascular bundle containing palmar digital nerve along the abaxial border of each proximal sesamoid bone. Deposit LA at base of proximal sesamoid bones

#### NEEDLE SIZE AND LENGTH & VOLUME OF LA

5/8 inch 25 gauge 2 ml or less at each site

## CATHM 2023

# AREA DESENSITIZED

100% of the Hoof, the dorsal pastern region plus the metacarpophalangeal joint; foot, digit, metacarpophalangeal joint, proximal sesamaoid bones

# ONSET & DURATION

Drug	Onset of Action (min)	Duration of Action (min)
Lidocaine	5–15	60–120
Mepivicaine	5–30	90–180
Bupivacaine	1545	180480

### ADVANTAGES

Blocks pastern and entire foot

#### TESTING

Loss of skin sensation at the coronary band in the toe region as well as the palmar portion in the foot or the heels indicates the block was successful.