

The HPNB is sometimes the next block used to localize lameness that has not improved after the low palmar block.

DISADVANTAGES

Conditions not blocked * High suspensory desmitis Splints *High splint fractures

Conditions blocked: Bowed tendon (tendonitis) and tenosynovitis *Stress fractures of cannon bone (MCII) *Bucked shins * Splint bone fractures * Middle and low desmitis of suspensory ligament

LANDMARKS



To anesthetize each palmar nerve slightly below the level of carpometacarpal joint, insert a needle through heavy fascia to where the palmar nerve lies adjacent to the dorsal surface of the deep digital flexor tendon. The palmar nerves are usually anesthetized in this location the horse bearing weight on the li

Medial and late

nalmar nerves

Deep branch of the lateral palmar nerve

ADVANTAGES

High palmar block anesthetizes the superficial metacarpal structures by blocking the medial and lateral palmar nerves at the proximal metacarpus * High metacarpal block Anesthetizes the metacarpal nerves therefore most of the suspensory ligament and the interosseous ligaments of metacarpal bones

NEEDLE SIZE AND LENGTH & VOLUME OF LA

5/8 inch 25 gauge and 1.5 inch 20-22 guage 3-5 ml at each site

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AREA DESENSITIZED

The medial and lateral palmar nerves and the medial and lateral metacarpal nerves are anaesthetized slightly below the level of the metacarpal joint. The high palmar nerve block desensitizes the inferior check ligament

ONSET & DURATION

Drug	Onset of Action (min)	Duration of Action (min)
Lidocaine	5–15	60–120
Mepivicaine	5–30	90–180
Bupivacaine	15-45	180-480

TESTING

and lateral metacarpal

Anesthesia of the skin over the palmar aspect of the metacarpus indicates the high palmar nerve block was successful