

**Lateral Palmar Block (Lateral Approach;
Figure 3.66)**

Quantity of Local Anesthetic: 5 to 8 mL

Needle Size: 5/8 or 1 inch, 22 to 25 gauge

Injection Technique: At the proximal end of the fourth metacarpus, the lateral palmar nerve gives off its deep branch that detaches branches to the origin of the suspensory ligament and

divides into the lateral and medial palmar metacarpal nerves. The lateral palmar nerve can be anesthetized just below the accessory carpal bone (lateral approach) or axial to the accessory carpal bone in a more proximal location (medial approach). This block desensitizes the origin of the suspensory ligament and other deep structures of the palmar metacarpus. With the lateral approach, the nerve is anesthetized midway between the distal border of the accessory carpal bone and the proximal end of the fourth metacarpal bone. The needle is directed in a palmarolateral-to-dorsomedial direction and must penetrate the 2- to 3-mm thickness of the flexor retinaculum of the carpus. This block may be performed with the horse standing or with the carpus slightly flexed.

Pitfalls:

1. Inadvertent injection into the carpal sheath or middle carpal joint
2. Difficulty in injecting—needle has not penetrated the fascia below accessory carpal bone
3. Difficulty in assessing success of the block. Best done by palpating the absence of pain in the suspensory ligament