

Median and Medial Cutaneous Antebrachial Blocks (Figure 3.69)

Quantity of Local Anesthetic: 10 to 12 mL/site

Needle Size: 1 inch, 22 gauge and 1-1/2 to 2-1/2 inch, 20 gauge

Injection Technique: The median nerve is anesthetized on the caudomedial aspect of the radius, cranial to the origin of the flexor carpi radialis muscle. The injection site is located just below the elbow joint where the ventral edge of the posterior superficial pectoral muscle inserts in the radius. At this point the nerve is superficial and lies directly on the caudal surface of the radius. A 1-1/2- to 2-1/2-inch, 20-gauge needle is inserted obliquely through the skin and fascia to a depth of 1 to 2 inches. The needle should be kept as close to the radius as possible to avoid the median artery and vein, which lie caudal to the nerve. At least 10 to 12 mL of anesthetic is usually used. Blocking this nerve alone accomplishes little more than a medial and lateral palmar nerve block. However, blocking the median nerve in conjunction with the ulnar nerve will effectively anesthetize most important areas of lameness distal to the blocks.

The two branches of the medial cutaneous antebrachial nerve are blocked on the medial aspect of the forearm halfway between the elbow and the carpus, just cranial to the accessory cephalic vein. The nerve is usually just below the skin; however, its location can vary. It is best to block the subcutaneous tissues both cranial and caudal to the cephalic vein. A 1-inch, 22-gauge needle is used to deposit 5 ml of anesthetic in both locations.

Pitfalls:

1. Hitting the median artery or vein or the cephalic vein
2. Injecting too proximally or distally on the limb
3. Injecting the anesthetic too superficially for the median nerve
4. Difficulty in assessing the success of the block.