

Femoropatellar (FP) Joint

Quantity of Local Anesthetic: 30 to 40 mL

Needle Size: 1-1/2 to 3-1/2 inches, 20 gauge

Injection Technique:

- **Cranial approach (Figure 3.93A):** In one cranial approach, a 3-1/2-inch, 20-gauge needle is inserted approximately 1 to 1-1/2 inches proximal to the tibial crest between the middle and medial patella ligaments, and is directed proximally under the patella. This approach is best performed with the limb in a partial weight-bearing (slightly flexed) position. Alternatively, the needle can be directed parallel to the ground with the limb fully bearing weight. The FP joint also can be entered just distal to the apex of the patella on either side of the middle patellar ligament with the limb bearing weight. The joint capsule is superficial at this location and a 1-1/2-inch, 20-gauge needle is directed at right angles to the skin.
- **Lateral approach (Figure 3.93B):** The lateral approach to the FP joint is performed with the horse bearing weight. The lateral cul-de-sac of the joint is located caudal to the lateral patellar ligament and approximately 2 inches proximal to the lateral tibial condyle. A 1-1/2-inch, 20-gauge needle is inserted into the recess perpendicular to the long axis of the femur until the nonarticular portion of the lateral trochlea is contacted. Synovial fluid can be retrieved in most cases and this approach is usually well tolerated by the horse.

Pitfalls:

1. Hitting bone—needle inserted too low (tibial crest) or too high (patella) with cranial approaches
2. Inability to obtain synovial fluid—needle may be within fat pad
3. Placing needle too proximally or distally with lateral approach