

Sacroiliac (SI) Joint

Quantity of Local Anesthetic: 7 to 10 mL

Needle Size: 8- to 10-inch, 15- to 18-gauge spinal needle

Injection Techniques: The horse is usually restrained in stocks, and the injection site anesthetized with local anesthesia. The landmark for injection is the cranial aspect of the tuber sacrale (Figure 3.96). A 10-inch, 15- to 16-gauge spinal needle is bent to an angle of about 40° in the direction of the needle's bevel. The needle is inserted through a stab incision in the skin 1 inch cranial to the contralateral tuber sacrale, and directed at a 60° angle to the vertical plane. The needle is advanced across the midline, aiming

for a point midway between the ipsilateral tuber coxae and the greater trochanter of the femur until it contacts the medial aspect of the tuber sacrale. The needle hub is lifted and the needle is advanced at a steeper angle along the medial aspect of the ileal wing until it contacts the dorsal surface of the sacrum at a depth of approximately 6 to 8 inches. Approximately 8 to 10 mL of anesthetic can be used for diagnostic purposes, although inadvertent anesthesia of the sciatic nerve is a risk. Ultrasound-guided SI injections also may be performed, and both cranial and caudal approaches have been described.

Pitfalls:

1. Not contacting the sacrum—needle directed too far cranially or caudally
2. Bending of the needle during advancement—not knowing where the end of the needle is
3. Inadvertent anesthesia of the sciatic nerve—horse becomes ataxic or recumbent
4. Resentment by the horse—large needle penetrating substantial soft tissue around sacrum