

Deep Branch of the Lateral Plantar Nerve (DBLPN) Block (Figure 3.72)

Quantity of Local Anesthetic: 5 to 8 mL

Needle Size: 1 to 1-1/2 inches, 20 to 23 gauge

Injection Technique: The deep branch of the lateral plantar nerve (DBLPN) innervates the proximal suspensory in the hindlimb and is removed to treat some horses with hindlimb proximal suspensory desmitis. Two different techniques have been described. With the first approach, a 1-inch, 23-gauge needle is inserted 15 mm distal to the head of the fourth metatarsus and directed perpendicular to skin between the axial border of the fourth metatarsus and the SDFT to a depth of approximately 25 mm. Alternatively, a 1.5-inch, 20-gauge needle is inserted 20 mm distal and plantar to the head of the fourth metatarsus and directed proximodorsally and axial to the bone. The needle is advanced to a depth of 1 to 2 cm and 5 to 7 mL of anesthetic is deposited. It is usually best to hold the limb to perform either of these techniques. The single injection technique for the DBLPN is thought to provide a reliable method for perineural analgesia of the deep branch of the lateral plantar nerve (and therefore the proximal suspensory region) with minimal risk of inadvertently desensitizing other tarsal structures.

Pitfalls:

1. Difficulty in injecting—needle in origin of suspensory or overlying fascia. Most likely the needle is too deep.
2. Difficulty in assessing success of the block—best done by palpating absence of pain in the suspensory ligament
3. Inadvertent desensitization of distal tarsal joints