## **High two point- Medial Approach to lateral palmar nerve block**

Anesthetize the lateral palmar nerve as it courses along the medial aspect of the accessory carpal bone. At this level, the lateral palmar branch of the median nerve has already fused with the palmar branch of the ulnar nerve to form the lateral palmar nerve, which lies in a fascial plane on the medial aspect of the accessory carpal bone together with the lateral palmar vein and artery. The lateral palmar nerve is blocked before it branches forming the medial and lateral palmar metacarpal nerves; the medial palmar nerve is blocked separately

* Less risk with the single stick technique versus the high four as there’s a chance you enter the palmar outpouching of the distal carpometacarpal joint. Medial is better than lateral as there’s less risk of entering the carpal sheath
* With the carpus and fetlock extended, the site of injection is palpated as a longitudinal groove in the fascia over the medial aspect of the accessory carpal bone, just dorsal to the palmar insertion of the thick fascia (i.e., flexor retinaculum)
* A 1 inch 20-gauge needle is inserted into the distal third of the groove, in a mediolateral direction, and when the point of the needle contacts the medial aspect of the accessory carpal bone, 2-3mL of the anaesthetic is injected.

