
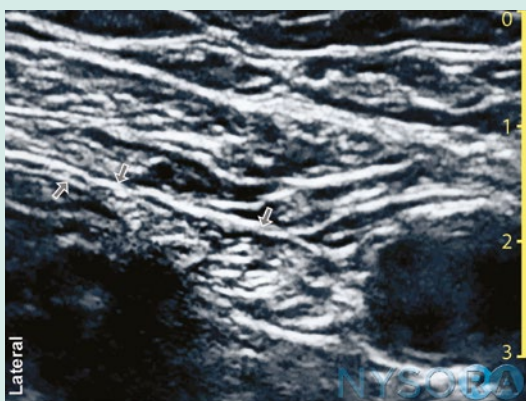
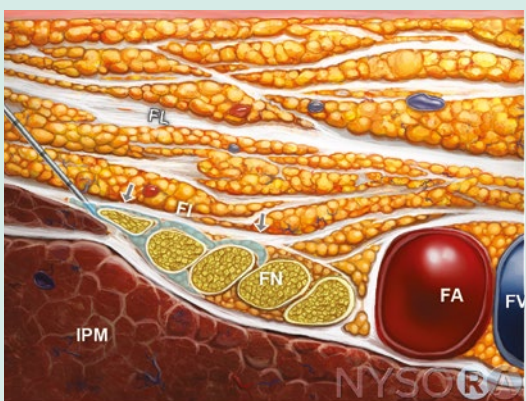
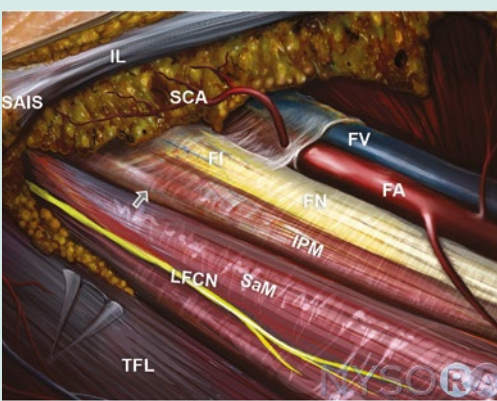

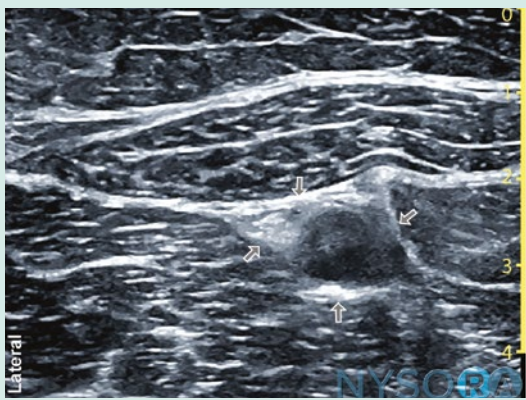
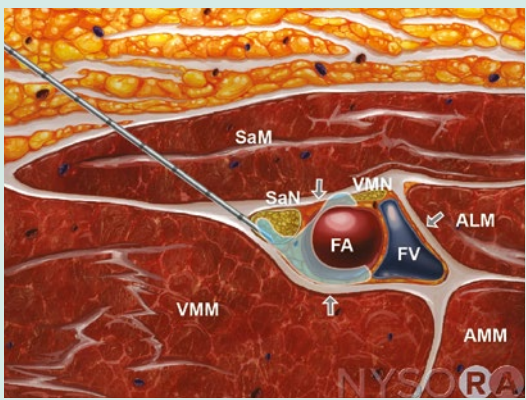
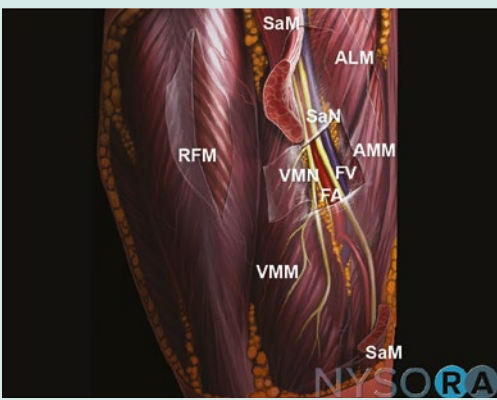

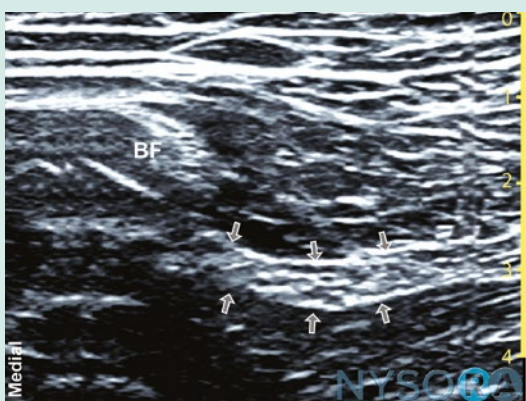
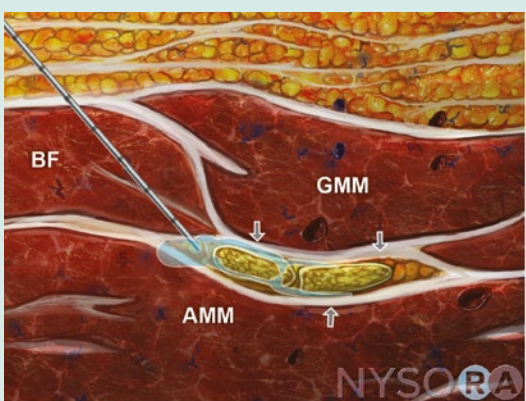
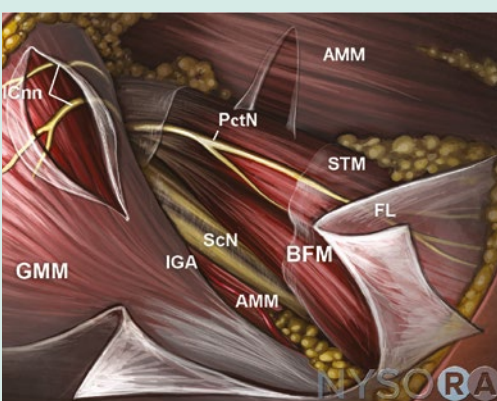

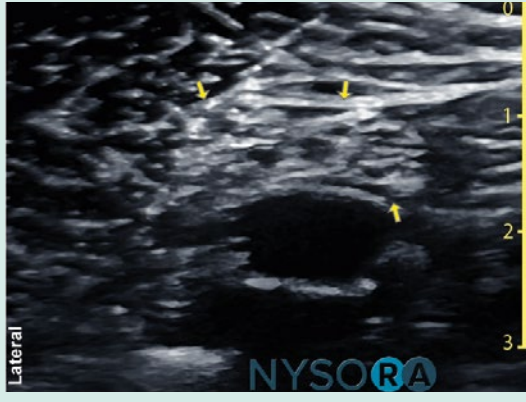
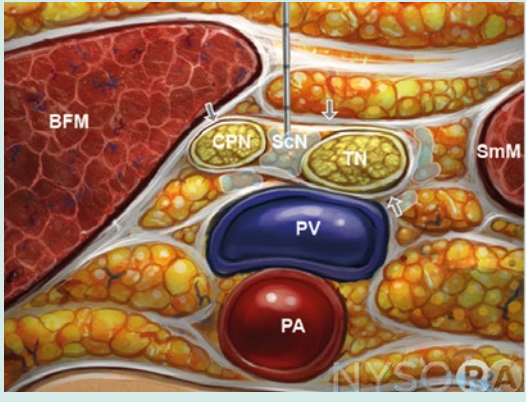
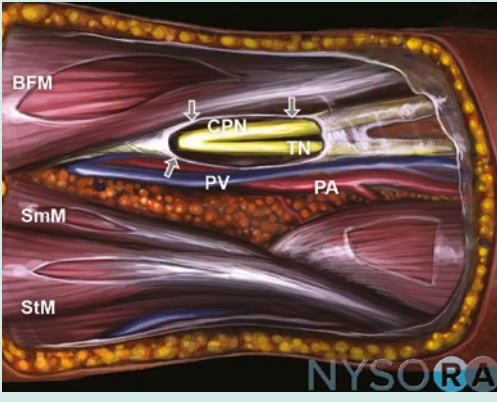


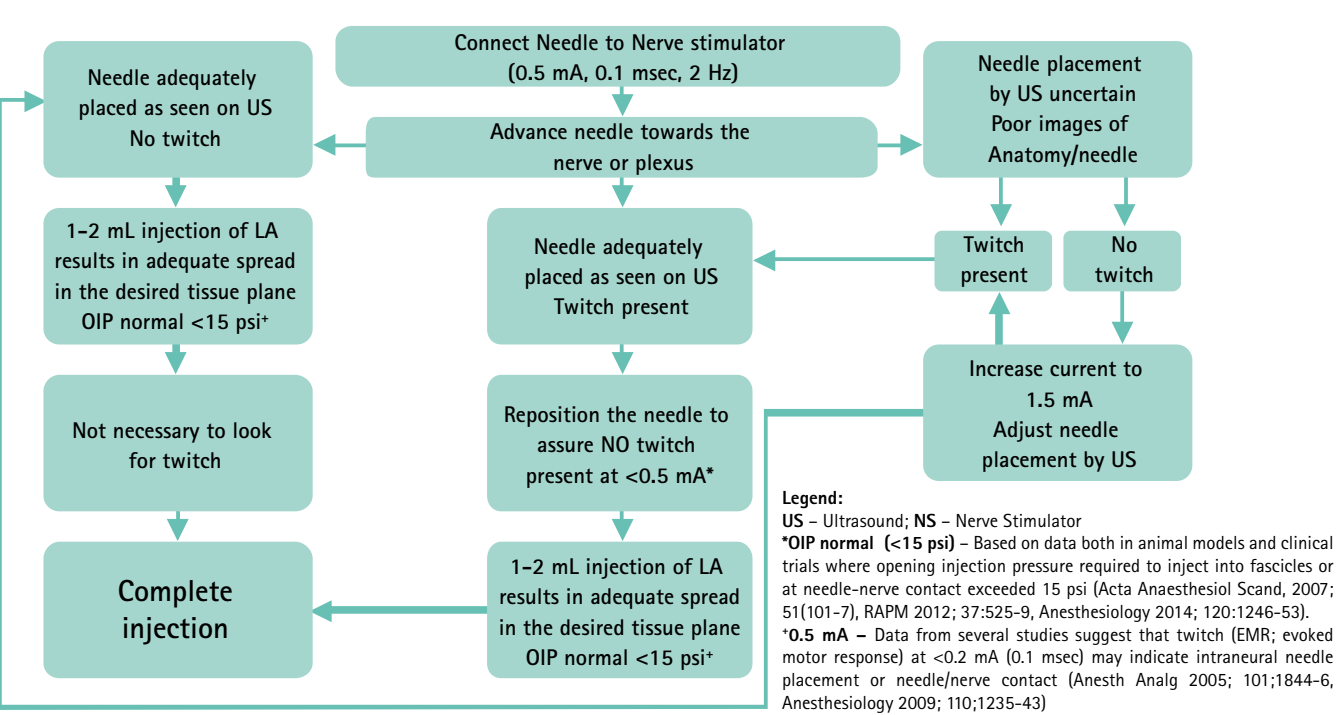
Lower Extremity Nerve Blocks

International Standardized Techniques, 2nd Edition 2015©

Nerve Block	Transducer Placement	Ultrasound Image	Reverse Ultrasound Anatomy™	Anatomy																												
<p>Femoral</p> <p>Indications: Surgery on femur, anterior thigh and knee, patella fracture, quadriceps tendon repair. Analgesia for hip and femur fractures.</p> <p>Patient position: Supine.</p> <p>Transducer: Linear.</p> <p>Needle: 22G, 5-10 cm short bevel.</p> <p>Common EMR obtained: Quadriceps muscle contraction.</p> <p>LA: 10-20 ml.</p>																																
<p>Abbreviations</p> <table><tr><td>ASIS</td><td>Anterior Superior Iliac Spine</td><td>FV</td><td>Femoral Vein</td></tr><tr><td>BORe</td><td>Bolus Observe Reposition</td><td>IPM</td><td>Iliopsoas Muscle</td></tr><tr><td>EMR</td><td>Evoked Motor Response</td><td>LA</td><td>Local Anesthetic</td></tr><tr><td>FA</td><td>Femoral Artery</td><td>LCFN</td><td>Lateral Femoral Cutaneous Nerve</td></tr><tr><td>FI</td><td>Fascia Iliaca</td><td>SaM</td><td>Sartorius Muscle</td></tr><tr><td>FN</td><td>Femoral Nerve</td><td>SCA</td><td>Superficial Circumflex Artery</td></tr><tr><td>FL</td><td>Fascia Lata</td><td>TFL</td><td>Tensor Fascia Lata</td></tr></table>	ASIS	Anterior Superior Iliac Spine	FV	Femoral Vein	BORe	Bolus Observe Reposition	IPM	Iliopsoas Muscle	EMR	Evoked Motor Response	LA	Local Anesthetic	FA	Femoral Artery	LCFN	Lateral Femoral Cutaneous Nerve	FI	Fascia Iliaca	SaM	Sartorius Muscle	FN	Femoral Nerve	SCA	Superficial Circumflex Artery	FL	Fascia Lata	TFL	Tensor Fascia Lata	<p>Initial transducer placement: Femoral crease, parallel and inferior to inguinal ligament, must find the common FA.</p> <p>Initial depth setting: 4 cm.</p>	<p>Landmarks: Common femoral artery and fascia iliaca (arrows).</p> <p>Ideal view: Femoral nerve lateral to femoral artery, below fascia iliaca, proximal to bifurcation of the FA.</p>	<p>Technique: Needle Insertion in plane, lateral to medial, alternatively out of plane.</p> <p>Ideal spread of LA: Under the fascia iliaca around the femoral nerve.</p> <p>Number of injections: One. BORe.</p>	<p>Tips: Obtain view proximal to bifurcation of the FA. Tilt the probe cranially/caudally to optimize the image of the nerve. Insert the needle through FI lateral to the edge of the FN.</p> <p>Beware: motor weakness of quadriceps muscles can occur; risk of falls.</p>
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<p>Saphenous</p> <p>Indications: Analgesia for knee surgery as a component of multimodal analgesia. In combination with sciatic nerve block for surgery below the knee.</p> <p>Patient position: Supine with leg abducted and externally rotated.</p> <p>Transducer: Linear.</p> <p>Needle: 22G, 5-10 cm short bevel.</p> <p>Common EMR obtained: If used, paresthesia of lower leg or vastus medialis twitch can be elicited.</p> <p>LA: 10-15 ml.</p>																																
<p>Abbreviations</p> <table><tr><td>ALM</td><td>Adductor Longus Muscle</td><td>RFM</td><td>Rectus Femoris Muscle</td></tr><tr><td>AMM</td><td>Adductor Magnus Muscle</td><td>SaM</td><td>Sartorius Muscle</td></tr><tr><td>FA</td><td>Femoral Artery</td><td>SaN</td><td>Saphenous Nerve</td></tr><tr><td>FV</td><td>Femoral Vein</td><td>VMM</td><td>Vastus Medialis Muscle</td></tr><tr><td>PD</td><td>Power Doppler</td><td>VMN</td><td>Vastus Medialis Nerve</td></tr></table>	ALM	Adductor Longus Muscle	RFM	Rectus Femoris Muscle	AMM	Adductor Magnus Muscle	SaM	Sartorius Muscle	FA	Femoral Artery	SaN	Saphenous Nerve	FV	Femoral Vein	VMM	Vastus Medialis Muscle	PD	Power Doppler	VMN	Vastus Medialis Nerve	<p>Initial transducer placement: Transverse view at medial aspect of lower thigh to mid-thigh level.</p> <p>Initial depth setting: 4 cm.</p>	<p>Landmarks: Sartorius muscle and femoral artery.</p> <p>Ideal view: Femoral artery in the subsartorius plane at the medial edge of the vastus medialis.</p>	<p>Technique: Needle insertion in plane, lateral to medial, alternatively out of plane.</p> <p>Ideal spread of LA: In the fascial plane (arrows) underneath sartorius muscle on both sides of the artery.</p> <p>Number of injections: One. BORe.</p>	<p>Tips: When localization of femoral artery proves difficult, use PD and/or start scanning at the level of the femoral crease and follow the course of the femoral artery distally into the canal.</p>								
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<p>Sciatic Subgluteal level</p> <p>Indications: Anesthesia and analgesia for surgery on femur, at and below the knee.</p> <p>Patient position: Prone, lateral or oblique (shown).</p> <p>Transducer: Linear or curved in larger patients.</p> <p>Needle: 22G, 8-10 cm short bevel.</p> <p>Common EMR obtained: Twitch of calf or foot.</p> <p>LA: 15-20 ml.</p>																																
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<p>Sciatic Popliteal level</p> <p>Indications: Anesthesia and analgesia for surgery below the knee.</p> <p>Patient position: Prone, oblique (shown) or supine with the knee flexed.</p> <p>Transducer: Linear or curved in larger patients.</p> <p>Needle: 22G, 5-10 cm short bevel.</p> <p>Common EMR obtained: Twitch of calf, foot or toes.</p> <p>LA: 15-20 ml.</p>																																
<p>Abbreviations</p> <table><tr><td>BFM</td><td>Biceps Femoris Muscle</td><td>PV</td><td>Popliteal Vein</td></tr><tr><td>BORe</td><td>Bolus Observe Reposition</td><td>ScN</td><td>Sciatic Nerve</td></tr><tr><td>CPN</td><td>Common Peroneal Nerve</td><td>SmM</td><td>Semimembranosus Muscle</td></tr><tr><td>EMR</td><td>Evoked Motor Response</td><td>StM</td><td>Semitendinosus Muscle</td></tr><tr><td>LA</td><td>Local Anesthetic</td><td>TN</td><td>Tibial Nerve</td></tr><tr><td>PA</td><td>Popliteal Artery</td><td></td><td></td></tr></table>	BFM	Biceps Femoris Muscle	PV	Popliteal Vein	BORe	Bolus Observe Reposition	ScN	Sciatic Nerve	CPN	Common Peroneal Nerve	SmM	Semimembranosus Muscle	EMR	Evoked Motor Response	StM	Semitendinosus Muscle	LA	Local Anesthetic	TN	Tibial Nerve	PA	Popliteal Artery			<p>Initial transducer placement: Transverse, 4-5 cm above the popliteal crease.</p> <p>Initial depth setting: 4-5 cm.</p>	<p>Landmarks: Popliteal artery and vein, femur, BFM.</p> <p>Ideal view: Sciatic nerve with TN and CPN slightly diverged within common connective tissue sheath of SN (arrows).</p> <p>Note: This image demonstrates separation of TN and CPN after successful injection.</p>	<p>Technique: Needle insertion in plane, lateral to medial, or out of plane.</p> <p>Needle tip position: Inside the common connective tissue sheath, between TN and CPN.</p> <p>Ideal spread of LA: In between and around TN and CPN.</p> <p>Number of injections: One. BORe.</p>	<p>Tips: If imaging the division of the ScN proves difficult, start scanning at the popliteal crease, where the tibial nerve is located postero lateral to the popliteal vein. After injection, scan proximally – distally to assure the LA spread around TN and CPN. Catheter is placed within the sheath.</p>				
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Suggested Standard Monitoring For Nerve Blocks

Ultrasound + Nerve Stimulation + Opening Injection Pressure (OIP)



Dermatomes



Osteotomes

