

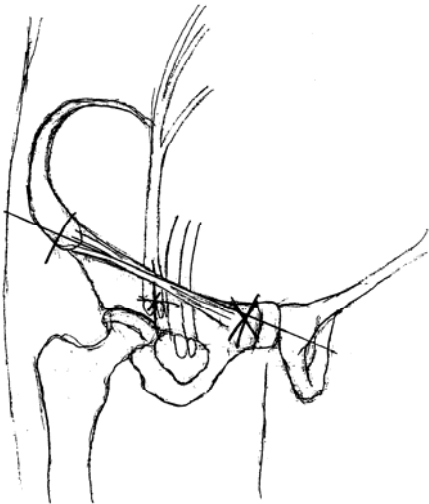
Regional Anesthesia Workshop

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General considerations when doing blocks:

- Train yourself to identify 3 landmarks for any block
- Picture a 3 dimensional view of the anatomy. This will help avoid “danger zones” and give you a better sense of depth.
- Understand electrostimulation. Know the motor response you need to elicit.
- Train your non-dominant hand. Think of it as your “location” keeping it in place throughout the block to identify landmarks. Compression by the non-dominant hand also helps reduce the distance between the skin and your target and anchors superficial landmarks.
- Sedation is essential for cooperation and a good patient experience. Analgesia is useful especially for blocks requiring passage through muscle layers.

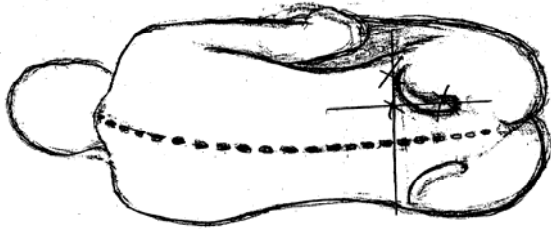
Femoral Nerve (“3-in-1”) Block



Femoral (“3-in-1”) Nerve Block

- Landmarks
 - Anterior superior iliac spine (ASIS)
 - Public tubercle
 - Femoral artery
- Palpate femoral artery just below inguinal ligament. Nerve is one finger-breadth lateral to artery. Approach with a shallow angle under inguinal ligament.
- Quadriceps motor response

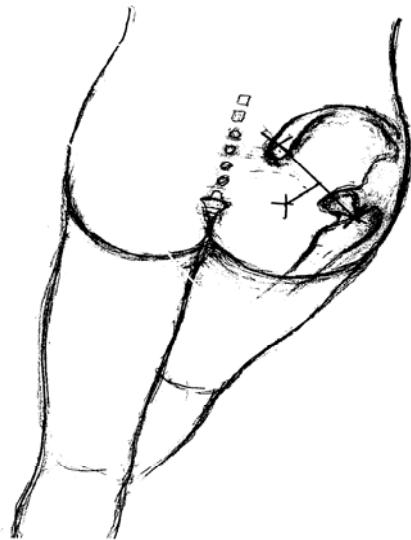
Lumbar Plexus Block



Lumbar Plexus (Psoas Compartment) Block

- 3 landmarks
 - iliac crest
 - posterior superior iliac spine (PSIS)
 - spine
- Point of entry should be at least 3cm lateral to spine to reduce neuraxial spread
- Deep block below muscle layers requires adequate sedation
- Quadriceps motor response

Sciatic Block



Sciatic Nerve Block

- Land marks
 - PSIS
 - Greater trochanter
 - Mid point of line
- Point of entry 5cm below midpoint perpendicular to above line
- Deep block below muscle layers needs adequate sedation
- Will elicit superficial muscle stimulation before reaching nerve
- Motor response below knee