

# Ultrasound Guided Regional Anesthesia

## Lower Extremity Blocks

# Lower Extremity Nerve Blocks

- Femoral
- Sciatic
  - Transgluteal
  - Subgluteal
  - Anterior
- Saphenous
- Popliteal Sciatic

# Objectives

- Indications
- Goal of Block
- Anatomy
- Ultrasound Technique
- Ultrasound Landmarks

# Femoral Nerve Block

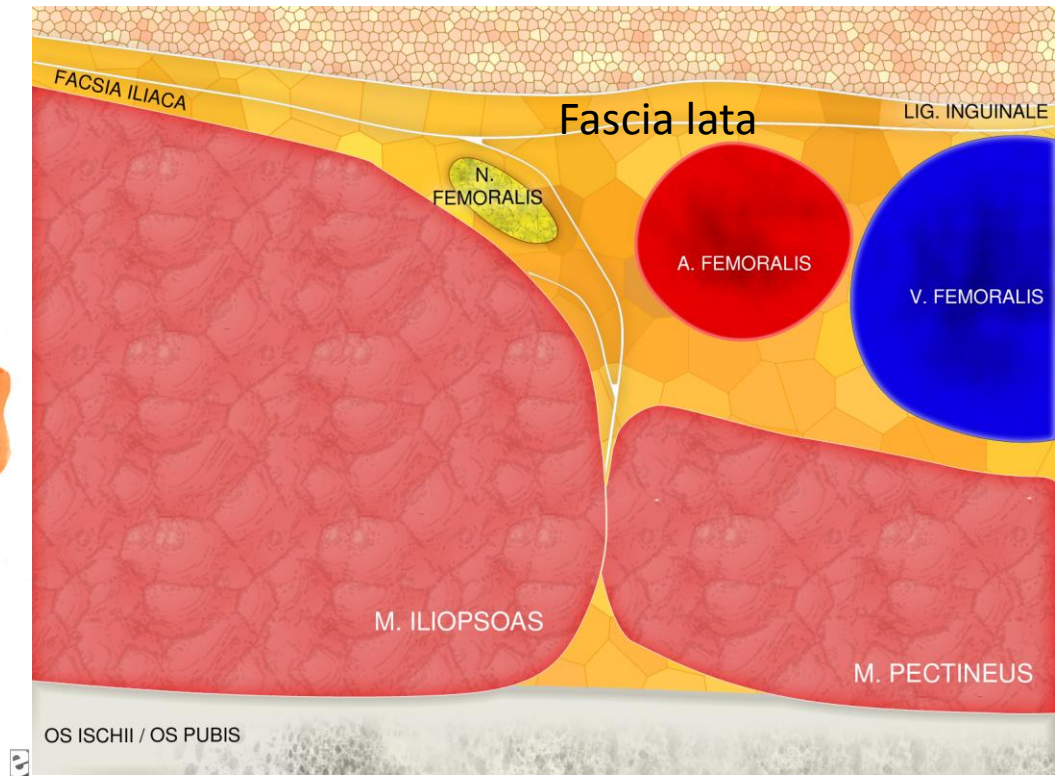
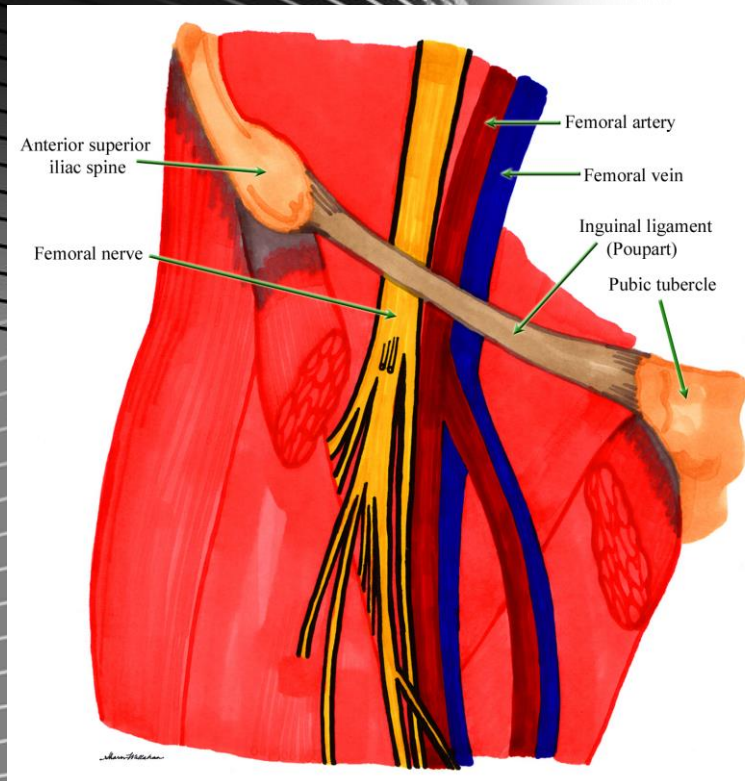
Indications: surgery anterior thigh and knee, quadriceps tendon repair, postop pain management

- Goal: deep to fascia iliaca surrounding nerve and behind femoral artery, if anesthesia is anterior to artery it is superficial to fascia iliaca
- Technique: In-plane
- Note: Nerve always lies deep to the fascia iliaca and should not be confused with the bright hyperechoic tissue lying above the fascia which is lymphatic tissue.



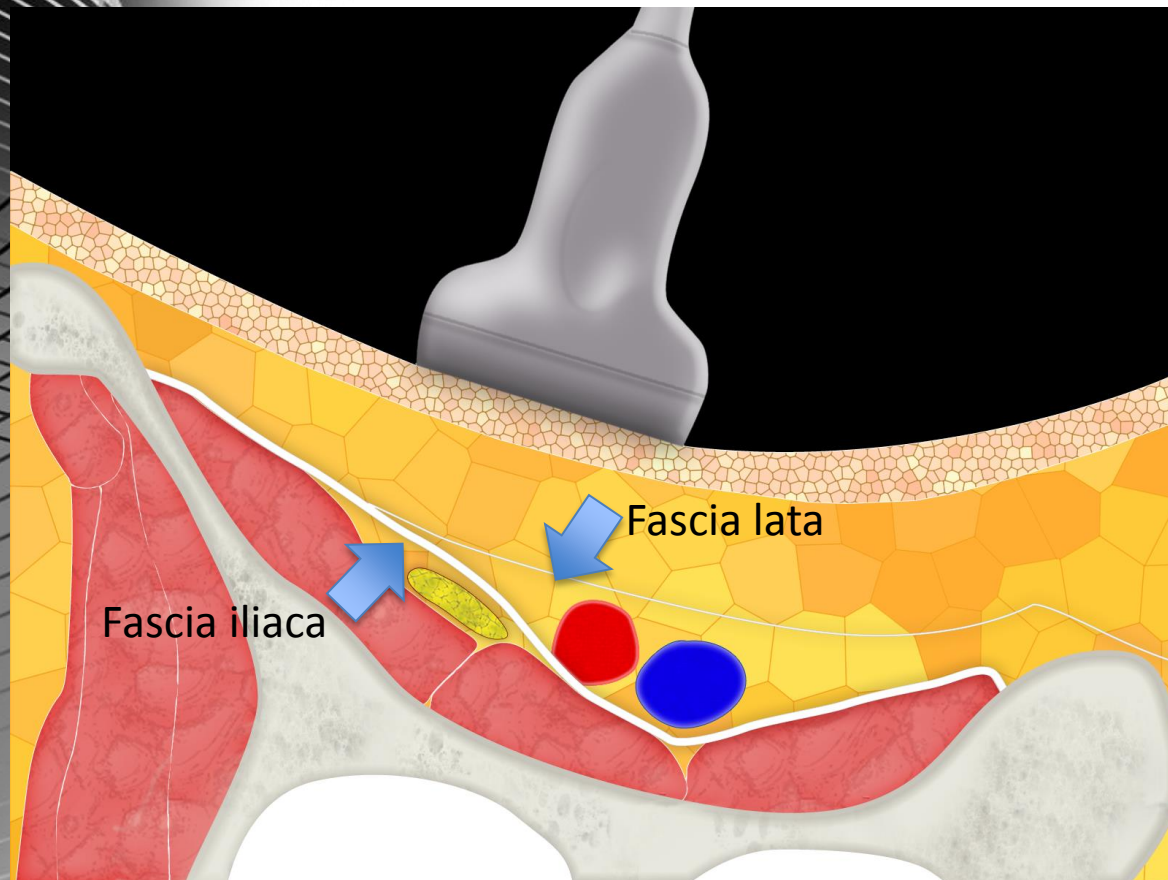
# Anatomy Landmarks

Femoral Nerve lies deep to Fascia Iliaca



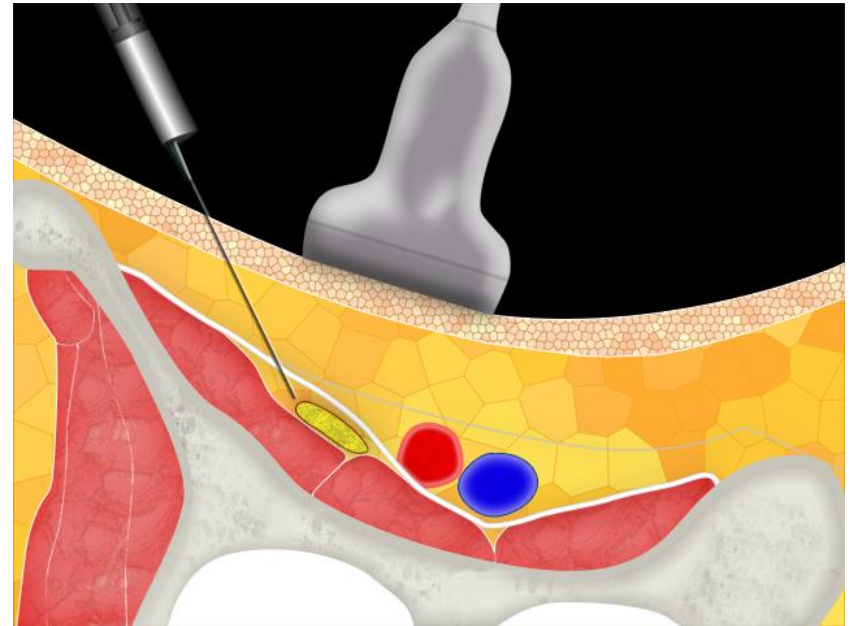
# Anatomy Landmarks

Femoral Nerve lies deep to Fascia Iliaca





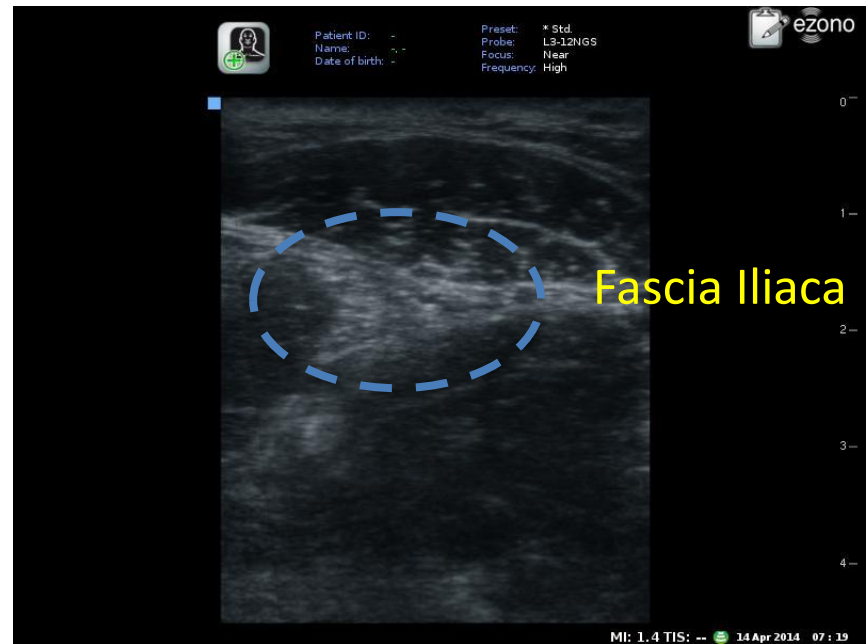
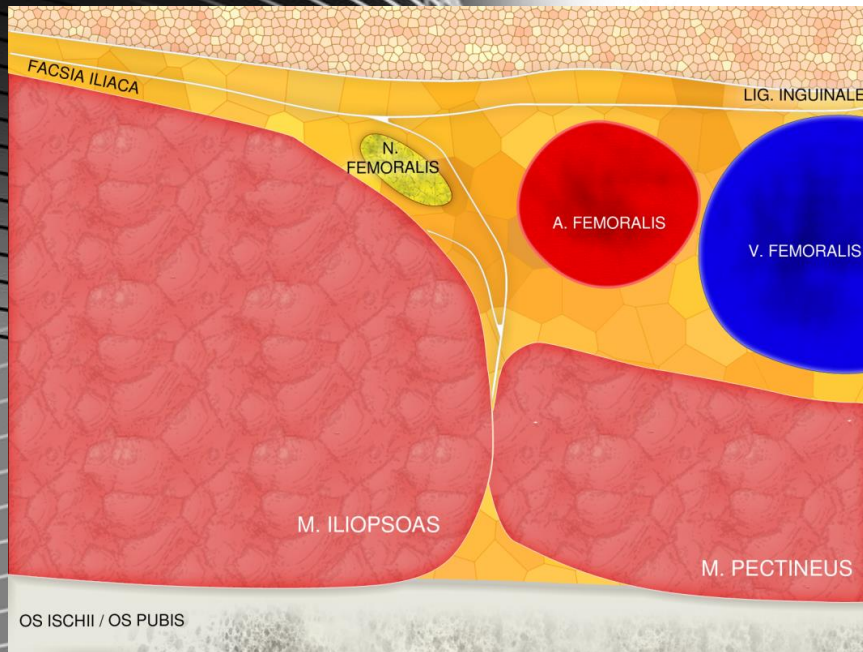
# Transducer Position



The transducer is placed just superior to the inguinal skin crease  
Orientation marker directed to the patient's right.  
Common femoral artery is seen as a round, pulsatile structure.

# Ultrasound Image

## Femoral Nerve





# Sciatic Nerve Block

Indications: Foot and ankle surgery, post op pain management, anesthesia below the knee

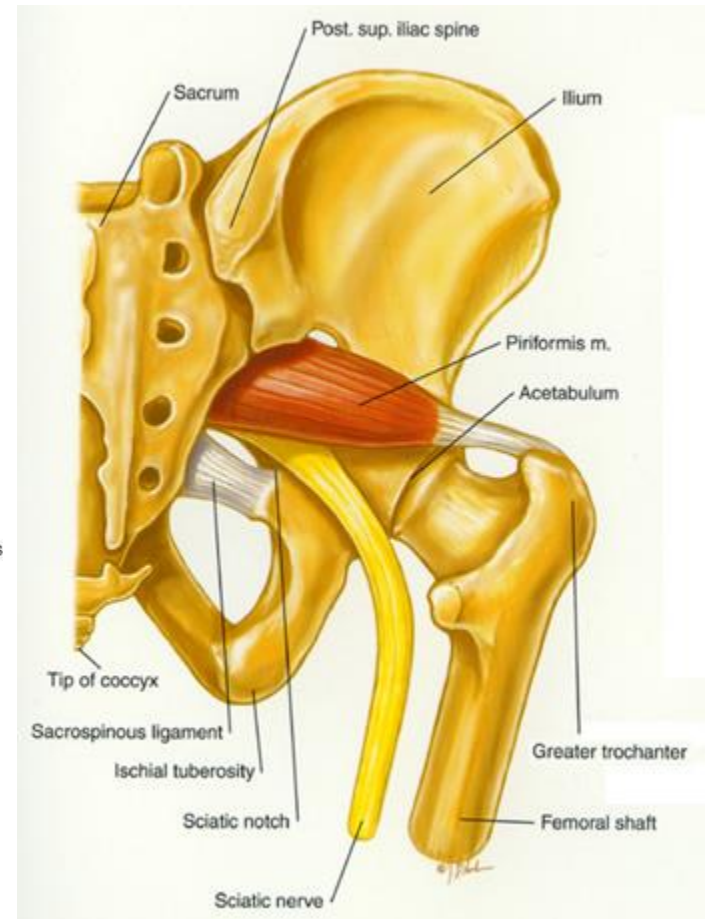
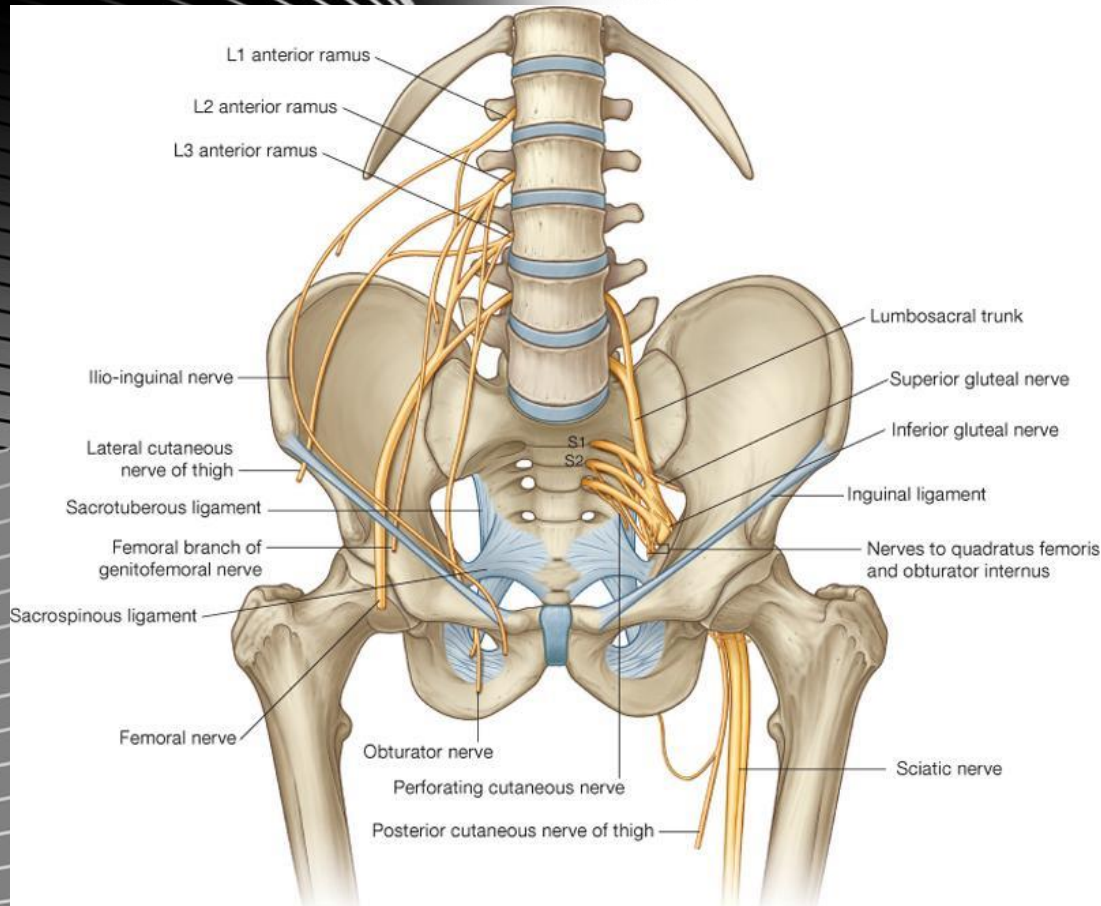
- Approaches:

- Transgluteal: transverse posterior buttock between ischial tuberosity and greater trochanter
- Subgluteal: transverse posterior thigh just below gluteal crease
- Anterior: transverse proximal anteromedial thigh

- Transducer Type:

- Curved array – Transgluteal, Subgluteal, Anterior
- Linear array - Subgluteal

# Anatomy



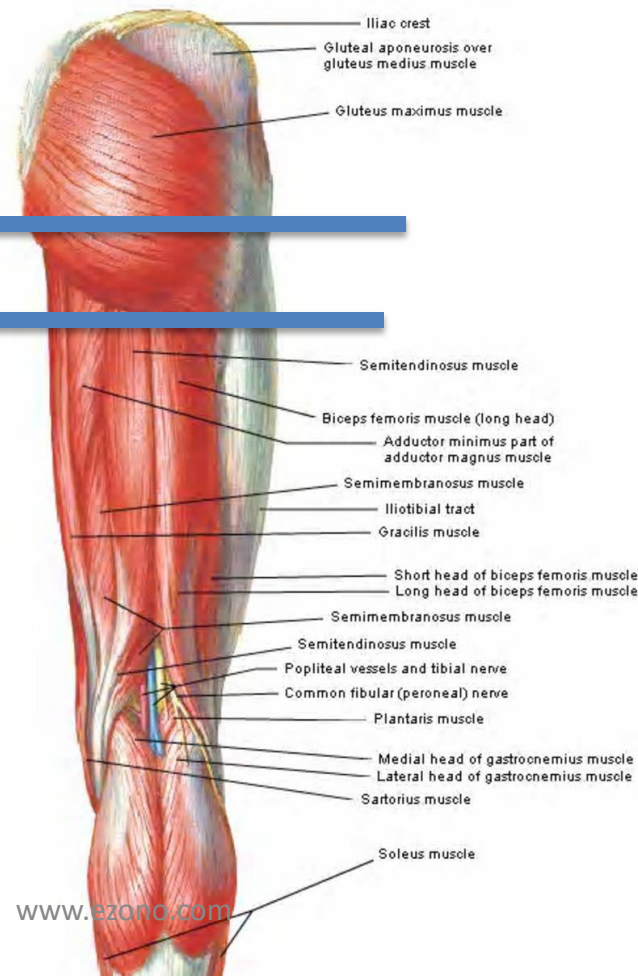
Drake: Gray's Anatomy for Students, 2nd Edition.  
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# Posterior Sciatic Nerve Block

## Posterior View Thigh

Muscles of Hip and Thigh  
Posterior View - Superficial Dissection

Transgluteal  
Subgluteal





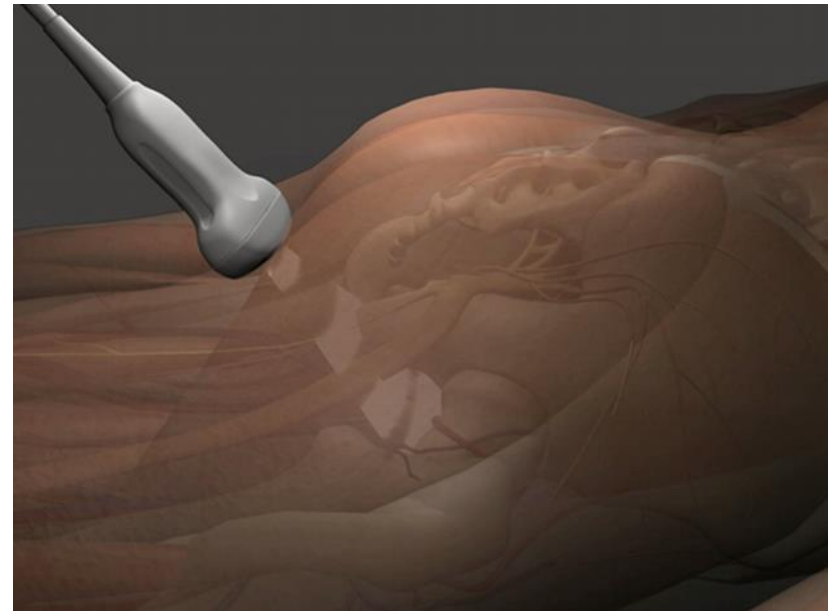
# Sciatic Nerve Transgluteal

- Goal: Adjacent to sciatic nerve below fascial plane of gluteus muscles, circumferential spread
- Technique: In-plane from lateral
- Note: tilting the transducer is required to identify sciatic nerve at this location

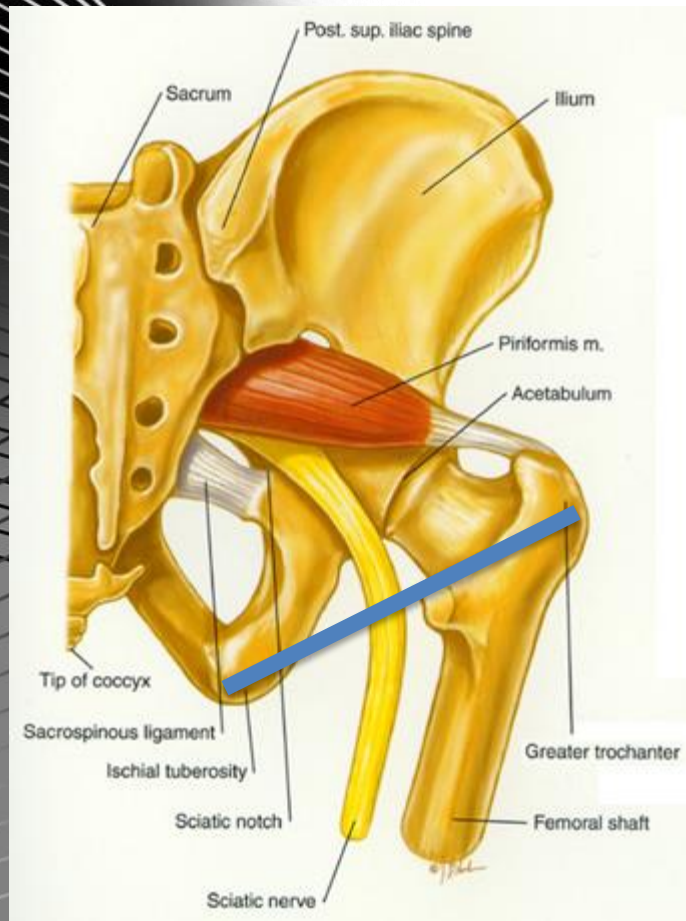
# Sciatic Nerve Transgluteal

Patient Position: Prone  
or lateral decubitus  
(legs flexed hip and  
knee)

Transducer Position:  
just proximal to gluteal  
fold



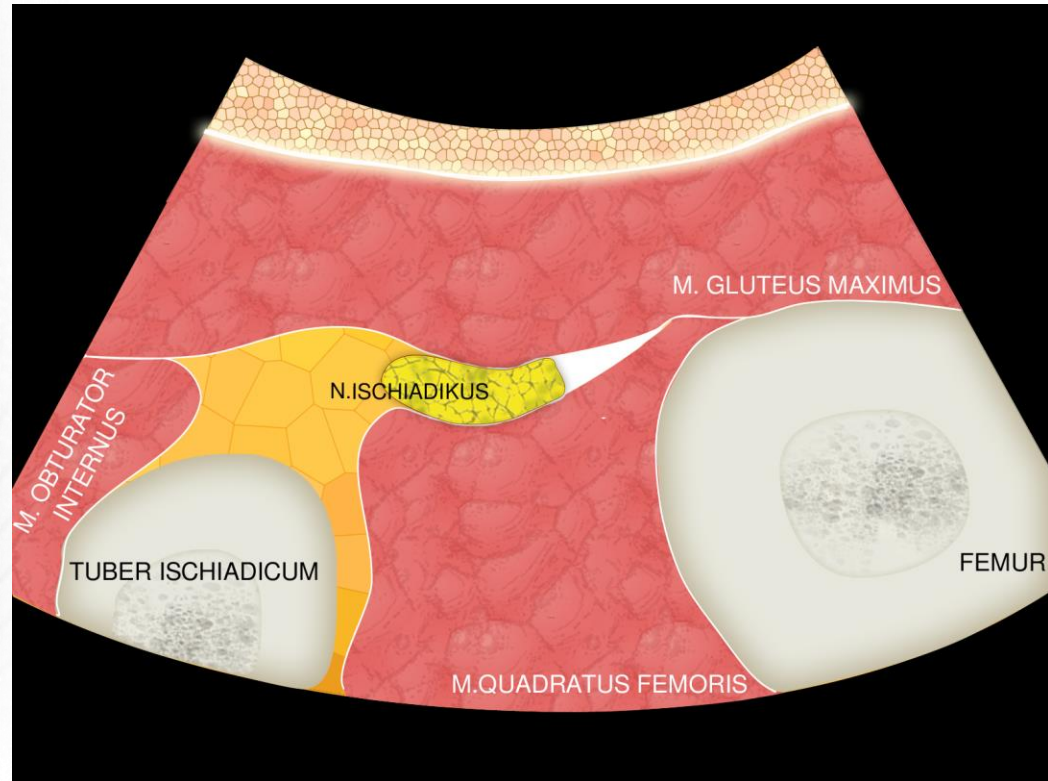
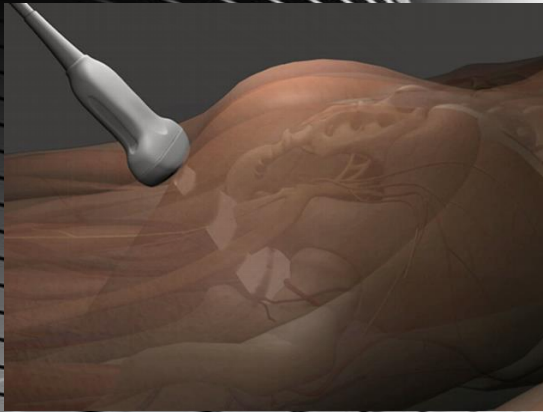
# Boney Landmarks



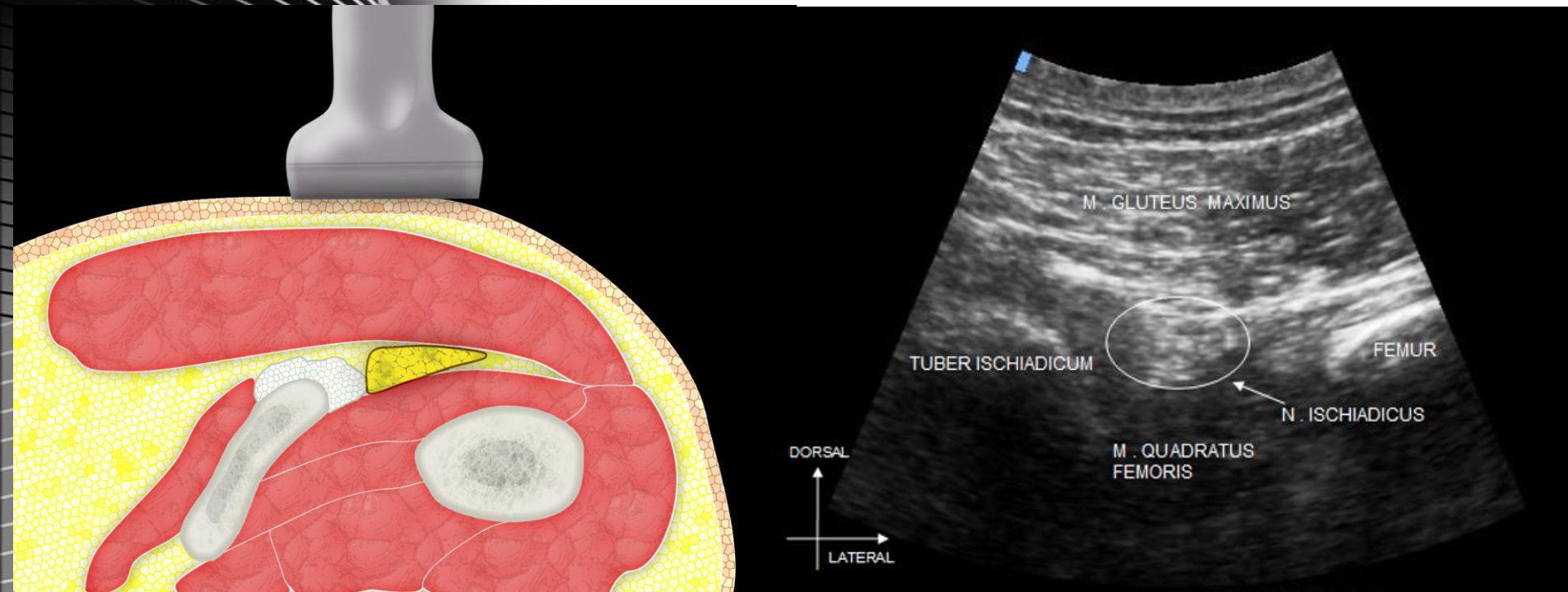
Transgluteal Transducer Position  
Imaging Plane = Ischial Tuberosity  
to Greater Trochanter



# Boney Landmarks



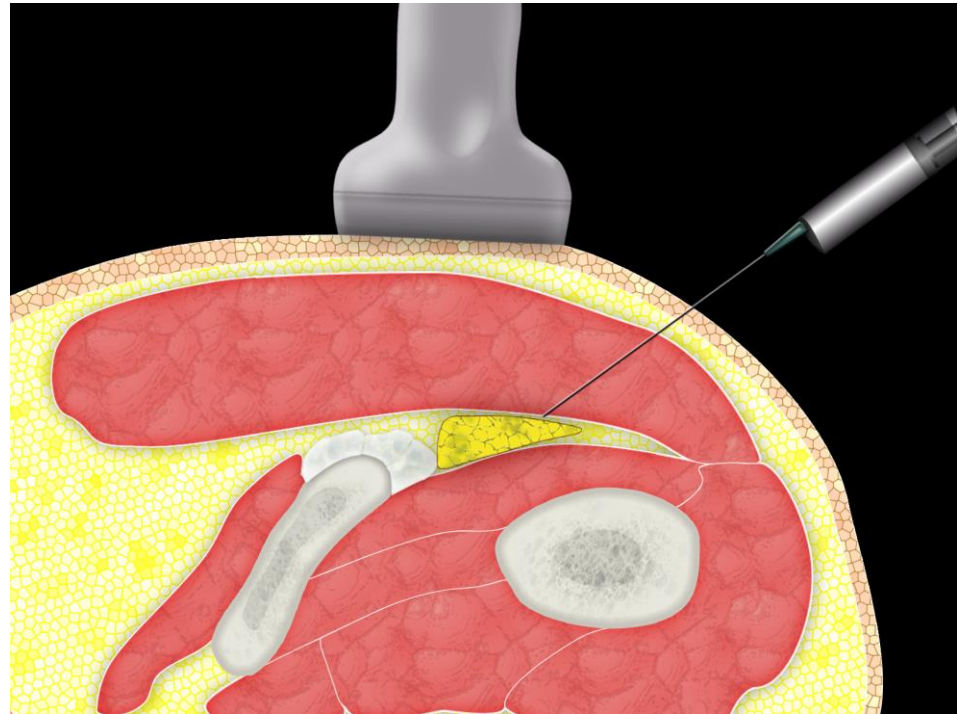
# Transgluteal Sciatic Nerve





# Transgluteal Needle Path

- In plane
- Needle 1-2 cm lateral
- Initial end point lateral and deep to nerve
- May need to redirect anterior and medial to nerve for circumferential spread



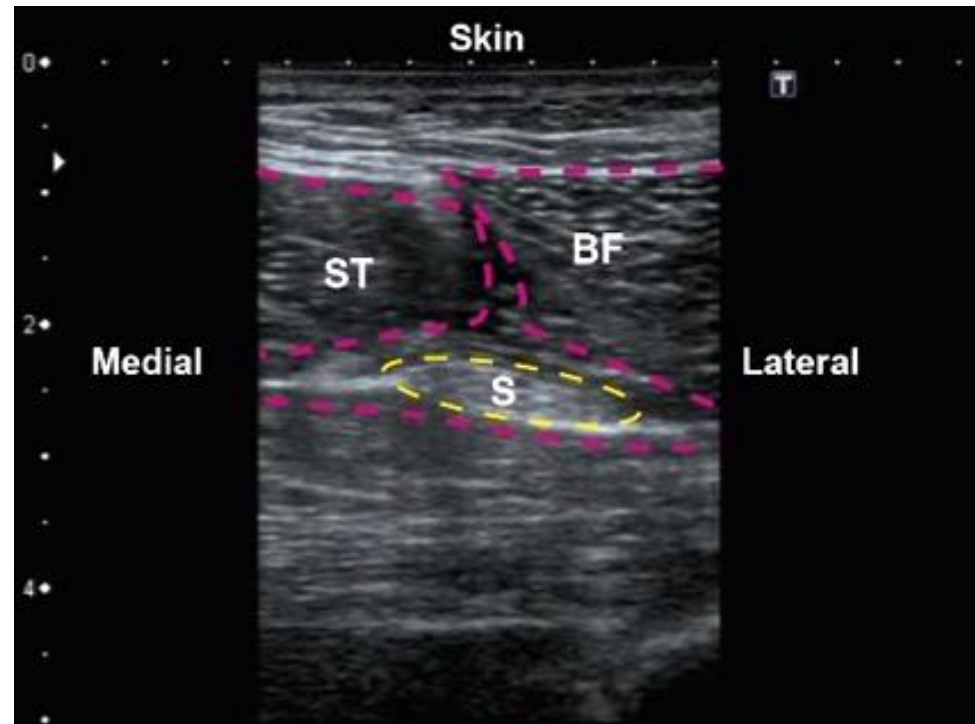


# Subgluteal Sciatic Nerve

- Goal: Adjacent to sciatic nerve below fascial plane of gluteus muscles, circumferential spread
- Technique: In-plane from lateral
- Note: tilting the transducer is required to identify sciatic nerve at this location

# Subgluteal Ultrasound Image

As the transducer is moved distally sciatic nerve becomes more oval in shape and found between BF and ST



S= Sciatic Nerve    BF = Biceps Femoris

ST = Semitendinosus

BF + ST = hamstrings

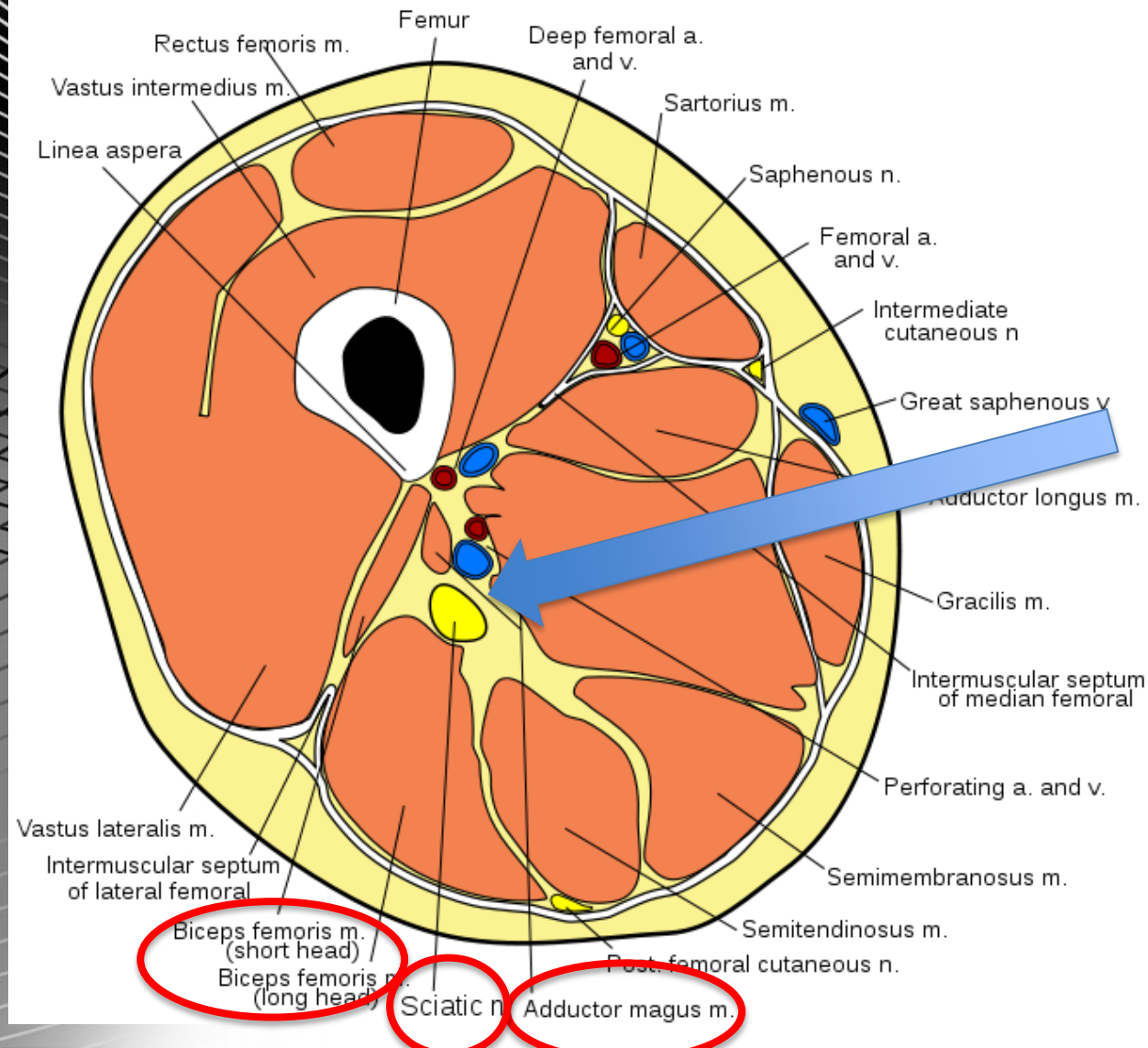
# Sciatic Nerve Block Anterior

## Indications

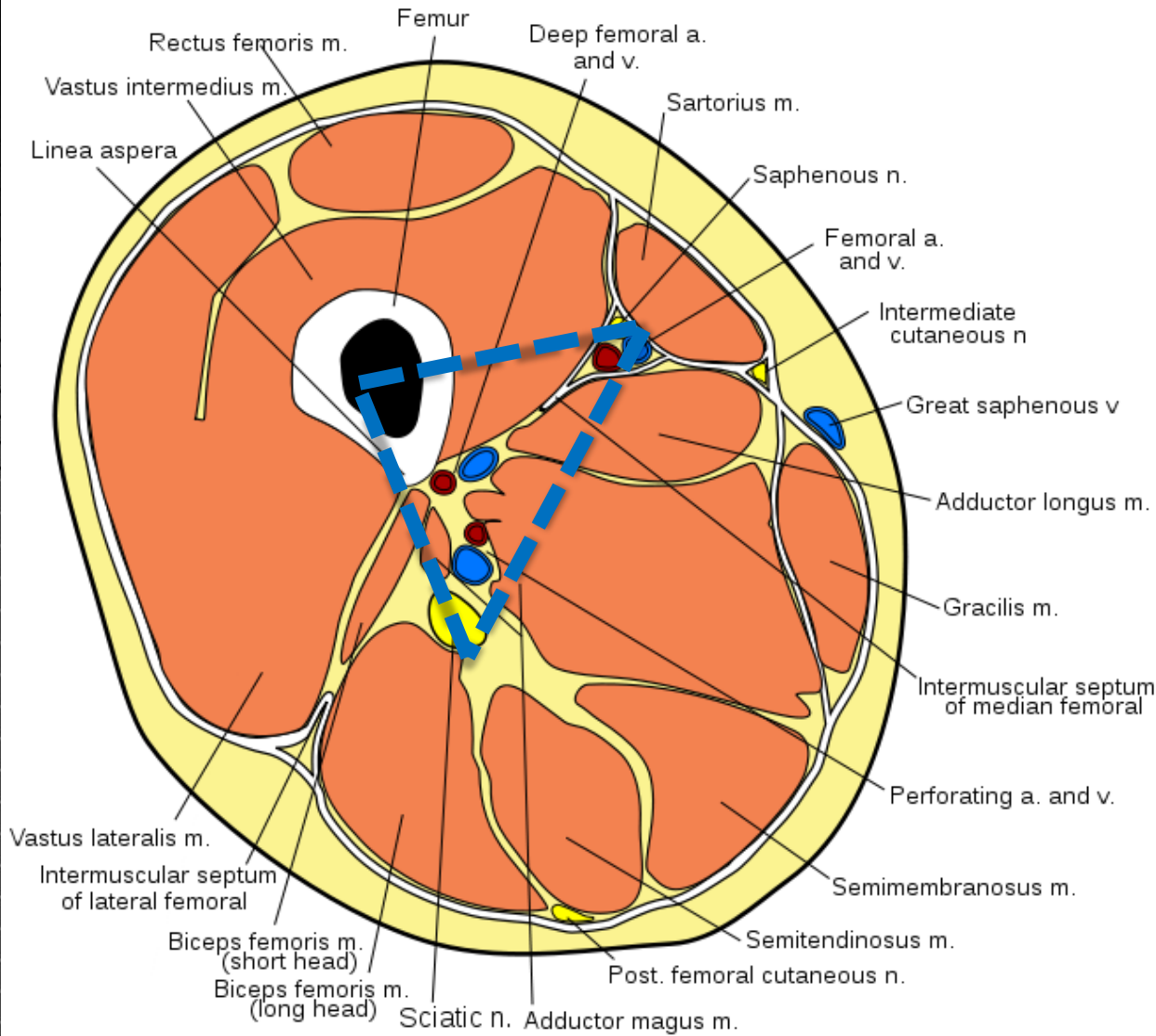
- Used if patient cannot be positioned in lateral position due to pain or trauma
- Faster approach when doing femoral and sciatic nerve blocks together
- Goal: Needle adjacent to sciatic nerve between adductor and biceps femoris muscle
- Transducer Position: Anteromedial aspect of thigh
- Scan Depth:
  - 13-25 cms (deep and steep angle)
  - Nerve is deepest in this approach
- Technique: In Plane or Out of Plane
- Intermediate to Advanced Block



# Landmarks Sciatic Nerve



# Landmarks Sciatic Nerve



Tip: To locate sciatic nerve from anterior approach draw a line between femur and femoral vessels and sciatic nerve will be deep and middle

# Anterior Sciatic Nerve

- Patient Position

- Supine
- Hip abducted 30 degrees
- Hip and knee slightly flexed

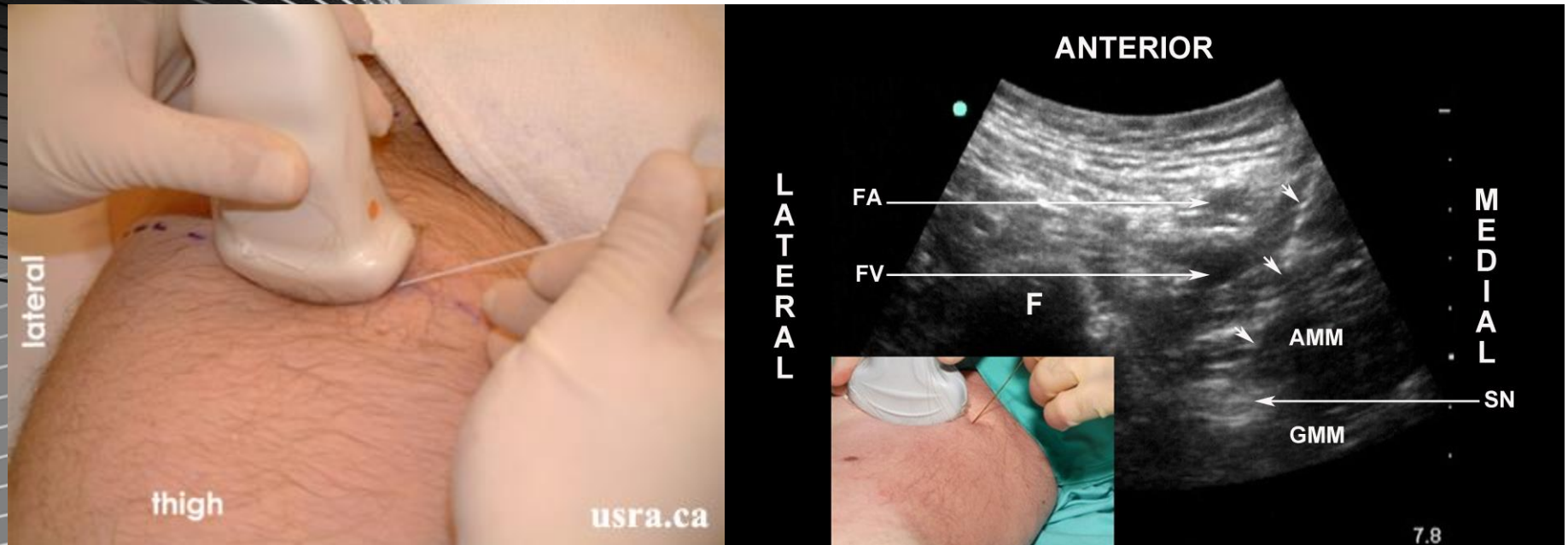
- Transducer Position

- Anteromedial aspect of thigh 8 cm from inguinal crease



# Anterior Sciatic Nerve Block

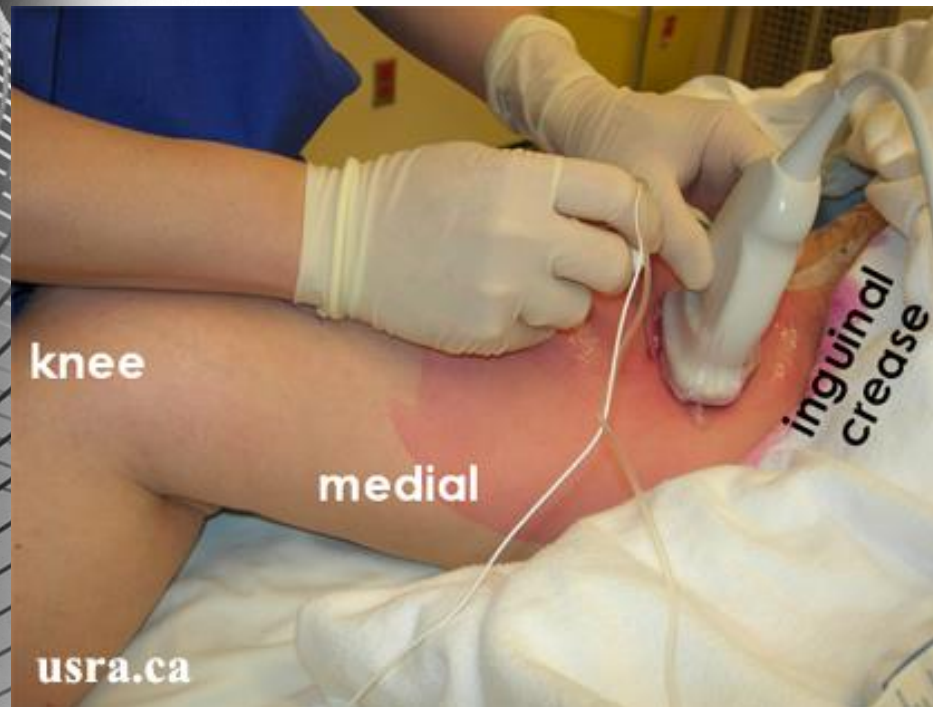
## In Plane Approach



Medial to lateral approach, if thigh externally rotated anterior to posterior approach

# Anterior Sciatic Nerve Block

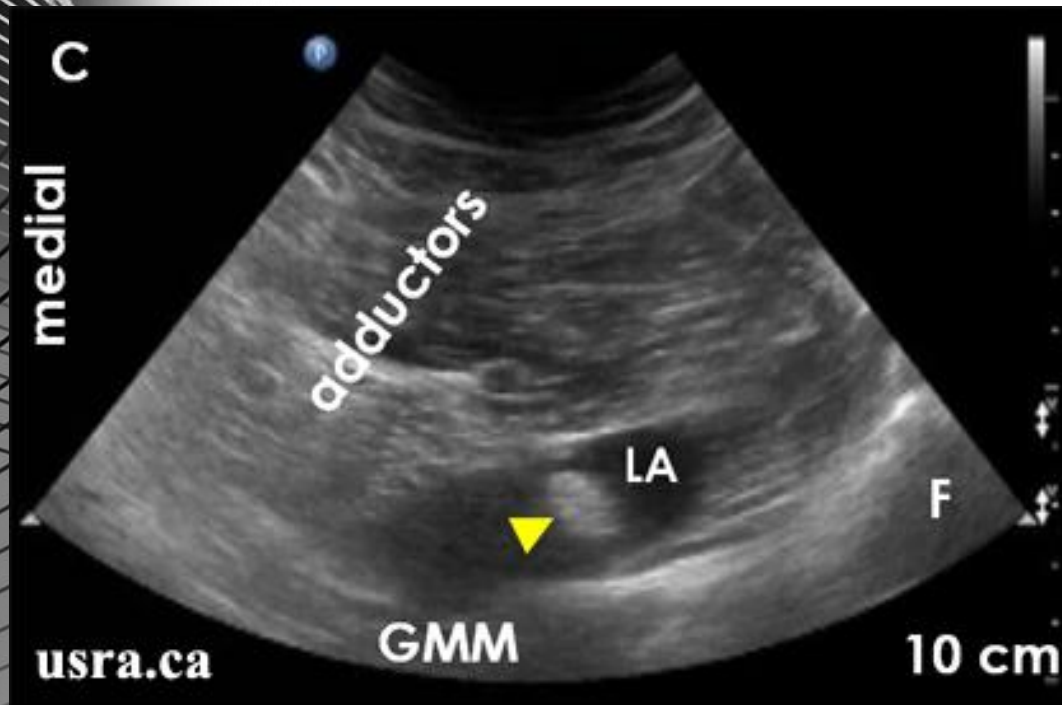
## Out of Plane Approach



Align nerve with midpoint of transducer  
Technically challenging block because needle is steep and target is deep

# Anterior Sciatic Nerve Block

Post Injection



GMM = gluteus maximus F = Femur



# Saphenous Nerve Block

- Indications: Done in combination with popliteal sciatic or lower anterior sciatic block for mid lower leg and ankle
- Goal: Needle tip medial to femoral artery in adductor canal below the sartorius muscle, circumferential spread around femoral artery
- Technique: In-plane or out of plane

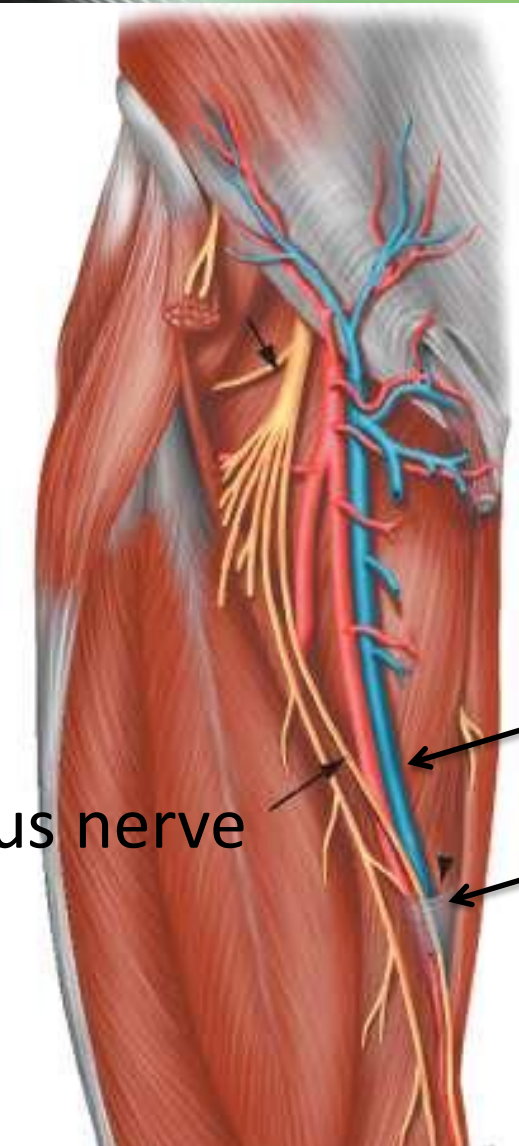
# Anatomy Landmarks

Tip: At this level  
nerve and vein are  
in close proximity

Saphenous nerve

Femoral vein

Adductor Canal



The diagram illustrates the medial aspect of the right thigh. The femoral vein is shown as a blue vessel running vertically. The saphenous nerve is depicted as a yellow, branching structure. The adductor canal is indicated as a specific anatomical region. Arrows point from the text labels to the corresponding structures in the diagram.

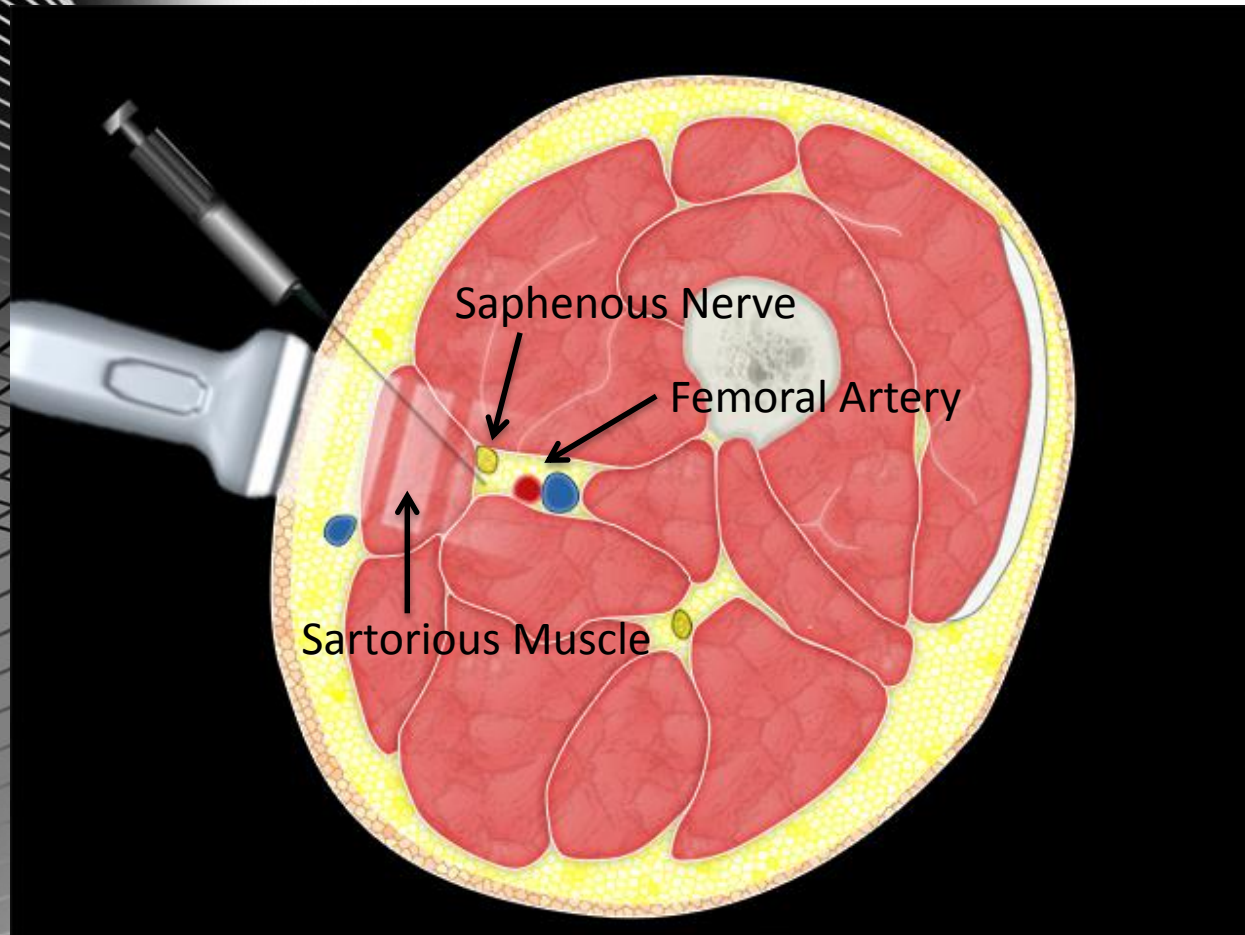
# Saphenous Nerve

## Transducer Position

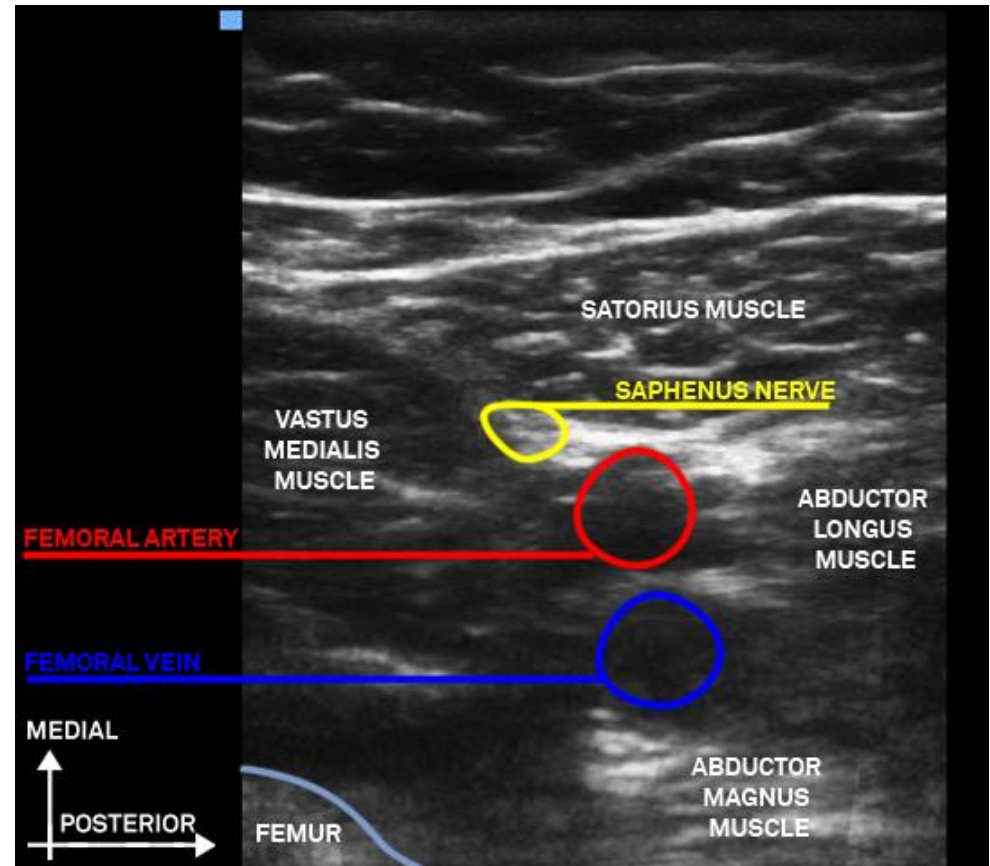
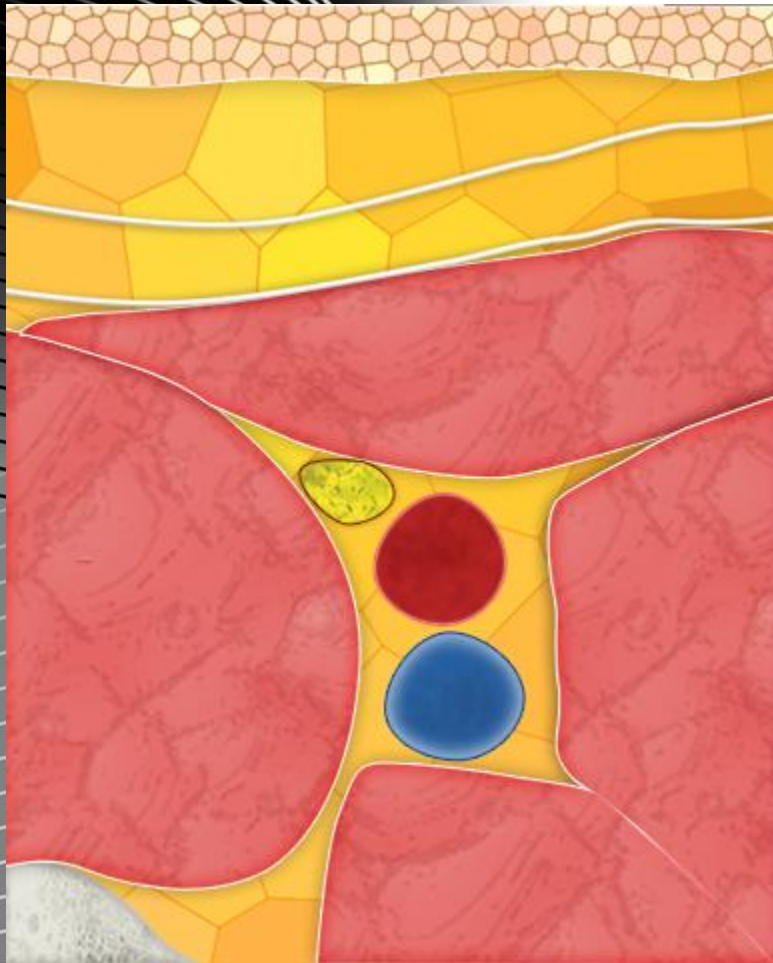




# Saphenous Nerve Needle Path



# Ultrasound Image Saphenous Nerve



# Saphenous Nerve Block

- Saphenous nerve is difficult to see
- May be seen as a bright hyperechoic oval or triangular structure
- Finding the nerve – follow the artery
  - Above knee: saphenous nerve travels with femoral artery beneath the sartorius muscle
  - Below the knee: adjacent to saphenous vein
- Nerve can lie either anterior or posterior to femoral artery

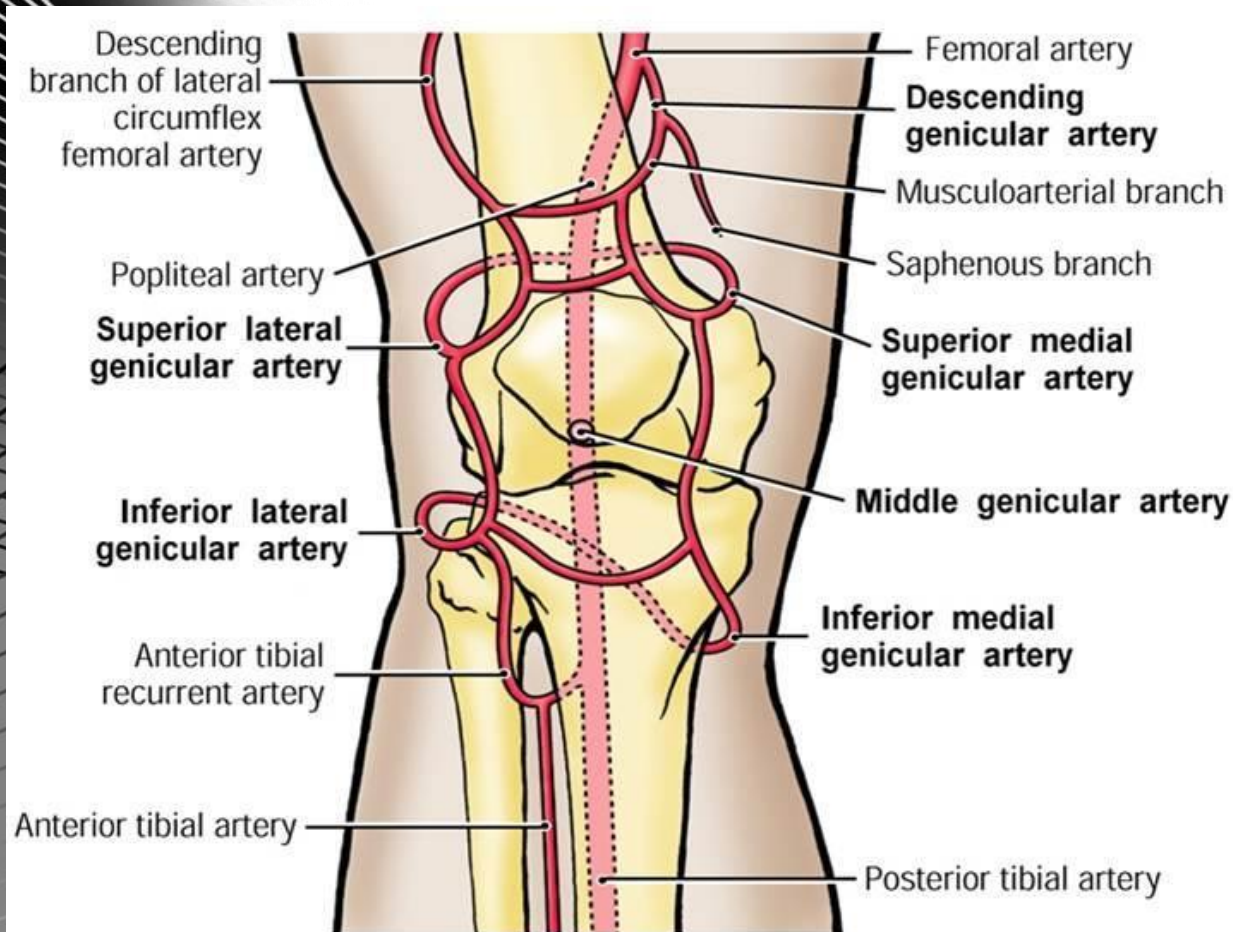


# Saphenous Nerve

## Tips for locating

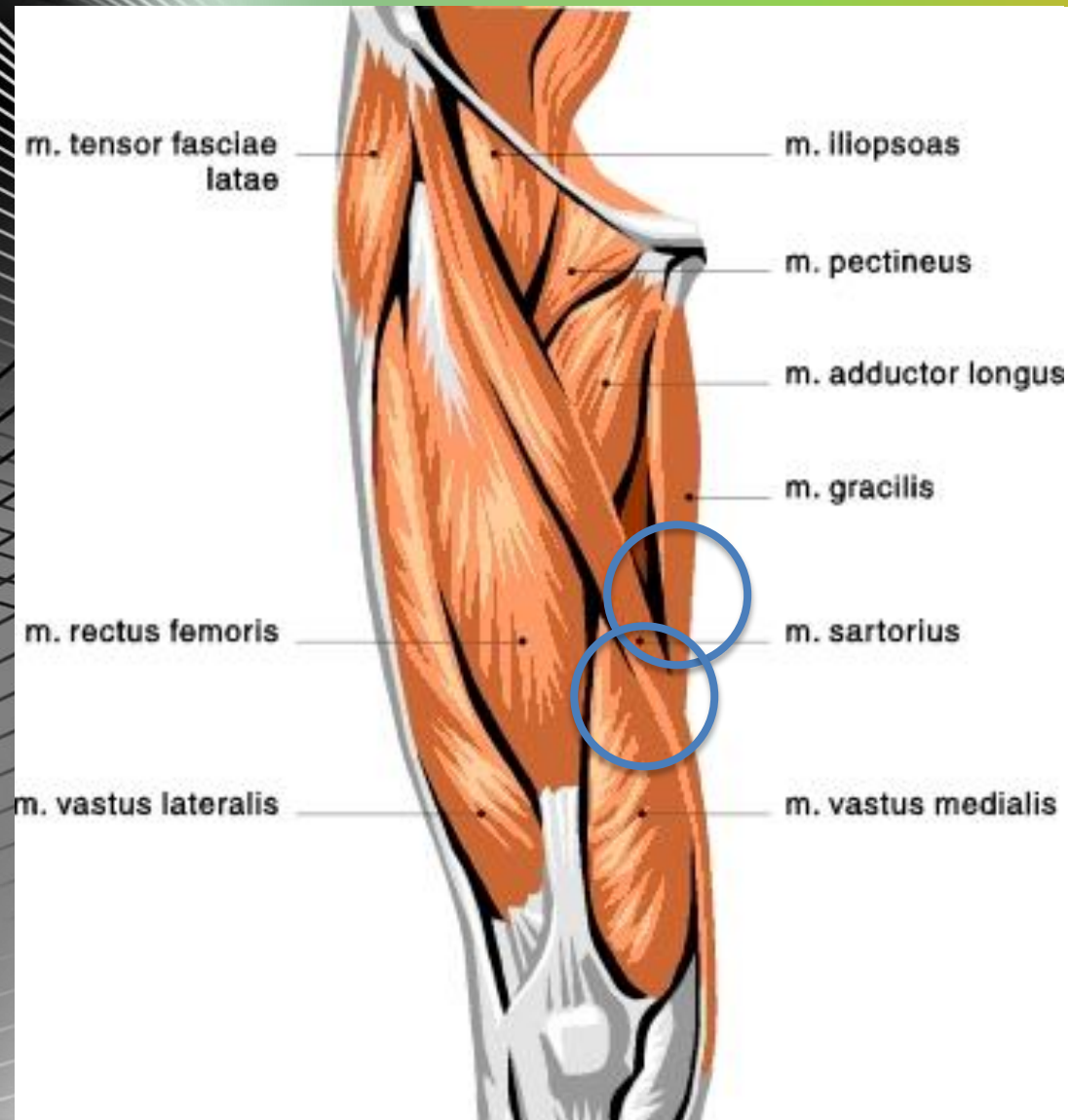
- Follow the superficial femoral vessels
- As artery goes deeper to travel through adductor canal a small artery will branch off and go superficial
- Branching artery is descending genicular and will travel with saphenous
- Use Color Doppler to locate genicular artery

# Anatomy Landmarks



**A. Anterior View**

# Saphenous Nerve Locations



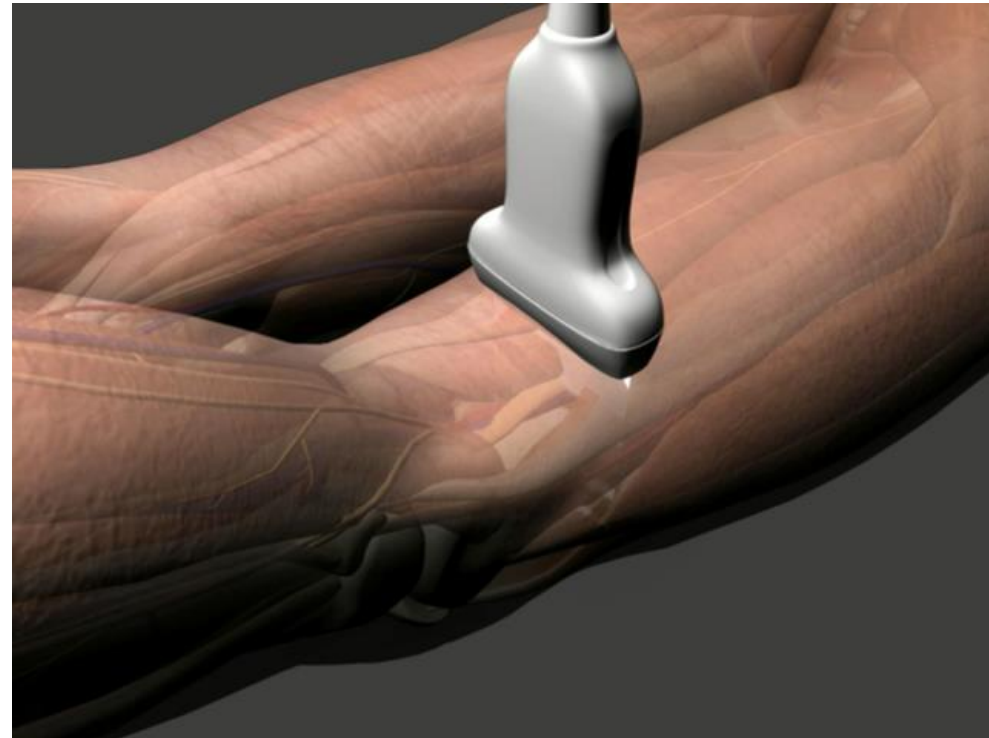


# Popliteal Sciatic

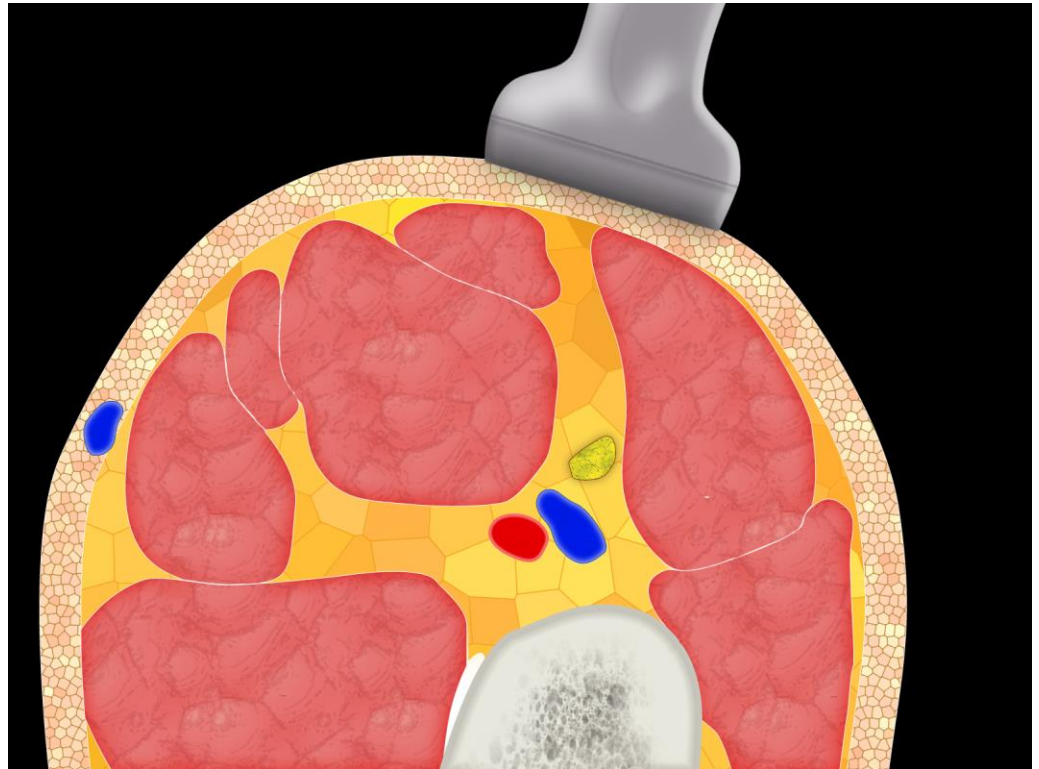
- Indications: Pain relief distal tibia and fibula.
- Goal: anesthetic around popliteal portion of sciatic nerve above the bifurcation to tibial and peroneal branches
- Technique: In-plane or out of plane
- Patient Position: Prone or lateral decubitus with pillow bolster between knees

# Popliteal Sciatic Transducer Position

- Above knee joint
- Rock or tilt transducer for best reflection of nerve
- Identify bifurcation of tibial and peroneal nerves
- 8-10cm above crease

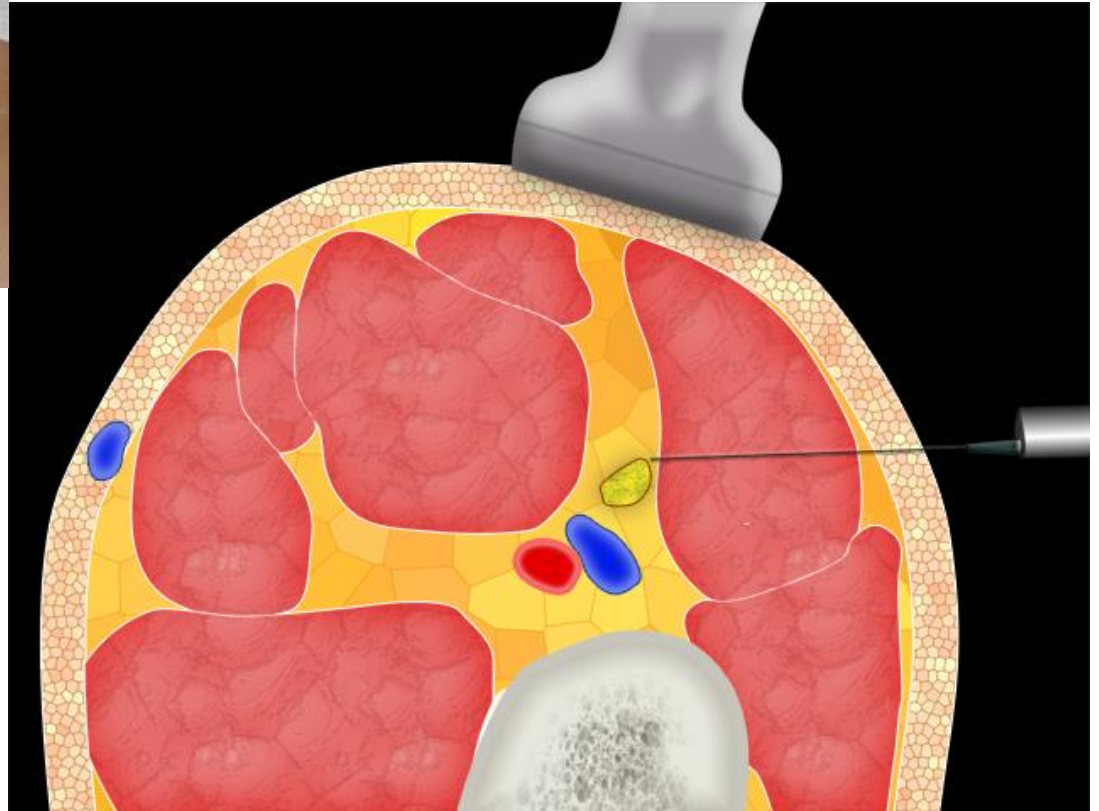


# Popliteal Sciatic Transducer Position

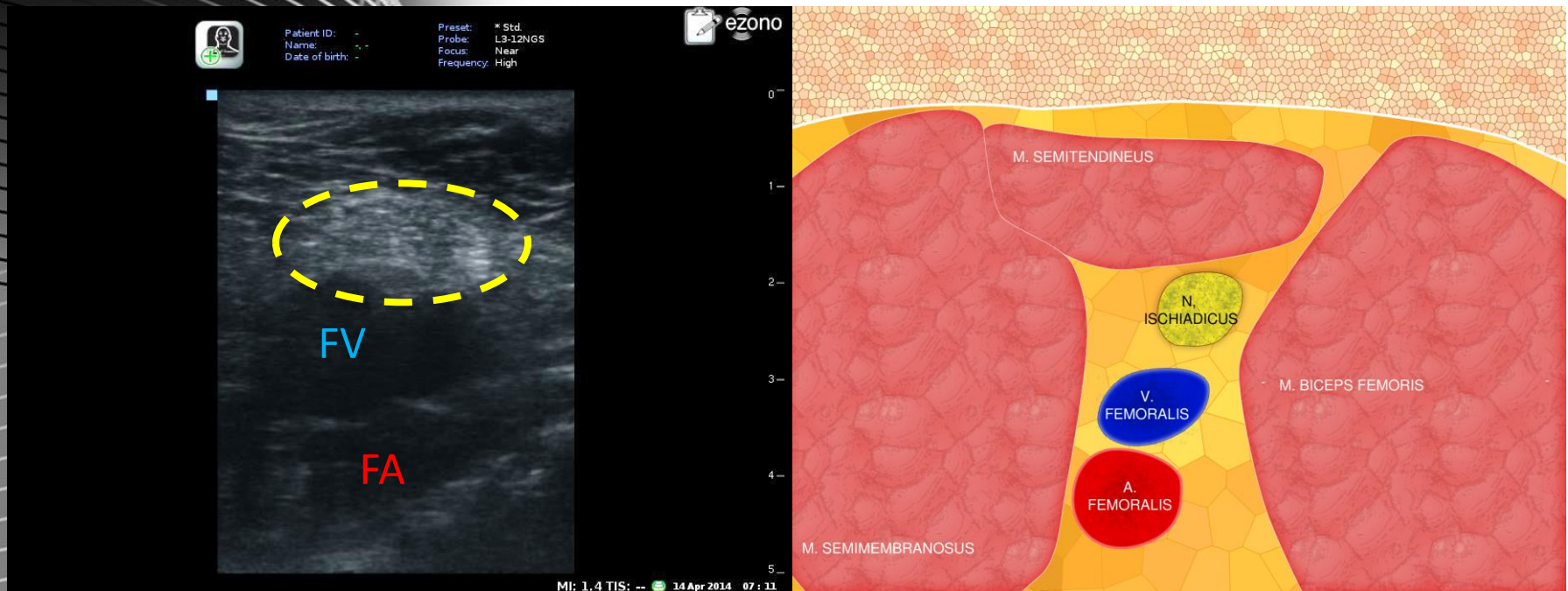




# Popliteal Sciatic Transducer Position



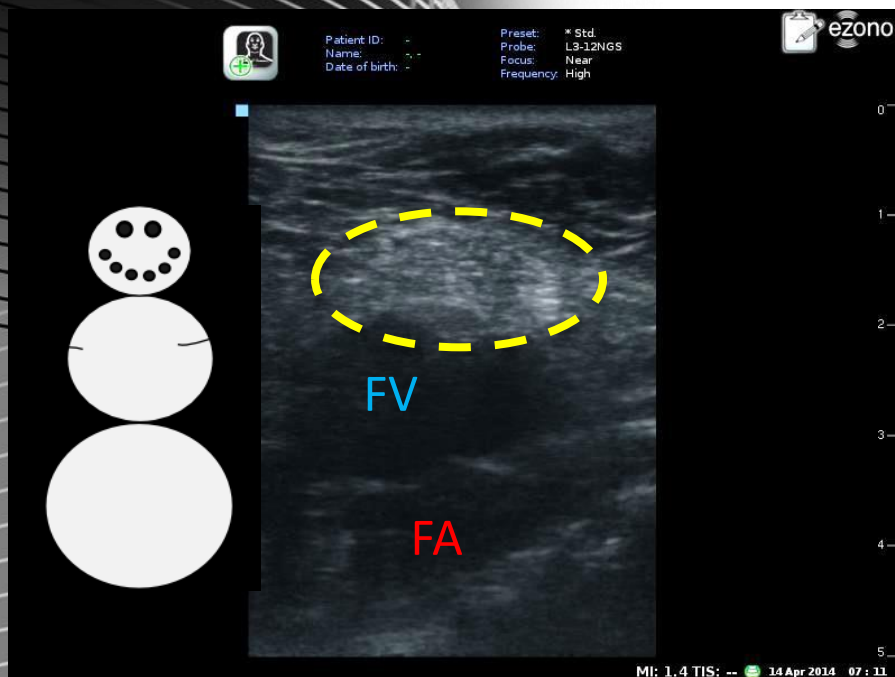
# Popliteal Sciatic Ultrasound Image



Popliteal sciatic may be at level of femoral vessels or popliteal vessels depending upon distance above the knee

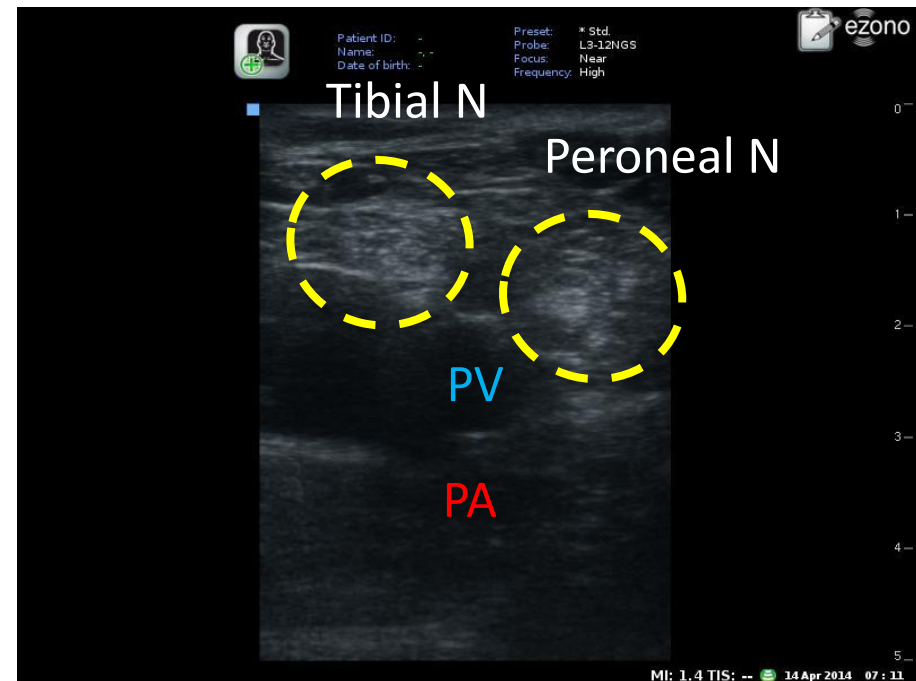
# Ultrasound Image

## Proximal



Tip! Snowman Sign  
Nerve is the head

## Distal at Bifurcation





# Summary

- Essential to know your anatomy
- Nerves in extremity are bright or hyperechoic
- Very helpful to have tip and tricks for ultrasound identification of structures
- Remember to rock and tilt transducer for best reflection of nerve. This is key in lower extremity imaging of nerves.

# Lower Extremity Nerve Blocks

- Femoral
- Sciatic
  - Transgluteal
  - Subgluteal
  - Anterior
- Saphenous
- Popliteal Sciatic

