**Table 3:Describing the Procedure For The Caudal Epidural Nerve Block**

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| Nerve Block | Landmarks used | Procedure | Determination if block worked(positive re-inforcement) | Indications | Materials used | Dangers or disadvantages associated with block |
| Caudal epidural | Look for the sink between theFirst coccygeal (Co1) and the second coccygeal vertebrae (method used in the lab)OrThe last Sacral(S5) and the first Coccygeal(Co1) | Palpate the sink between the Landmarks mentioned.(raising the tail in a pump like fashion as seen in the picture provided makes the indentation of the landmark more easily visualized)The S5-Co1 block desensitizes the sacral nerves:S2 to S5The Co1 – Co2 block desensitizes the sacral nerves:S3 to S5 and sometimes S2The needle is stuck into the depression and using the hanging drop technique, one drop of lidocaine is squeezed into the cap of the needle. The cap is moved unil the drop is sucked into the epidural space as a result of negative pressure.Some air can be drawn into the syringe and then attached to the needle. The Lidocaine is squeezed into the epidural space at a uniform rate keeping the air space a uniform size. Any resistance indicated the needle was not in the correct position. | Loss of tail muscle tone(i.e. the tail can now be manipulated more easily with little to no resistance)The block worked very quickly and allowed this change to be observed within 1.5 minutes. | Low dose epidural anaesthesia gives regional analgesia of the tail, anus, vulva, perineum, thighs and midsacral region, as well as relaxation of the anal sphincter and vagina and cessation of straining.Castrations(not in these animals as they are female)Uterine prolapse,Vaginal prolapse,Foetotmy,Caesarian section | 10 ml of 2% lidocaine 18G needle10ml syringeAlcohol swab | Danger of accidentally injecting the subarachnoid space.Excess amount of drug or improper positioning of the animal can result in cranial movement of the drug and resultant respiratory paralysis and muscle weakness. |