**Table 2: Describing the Procedure For the Distal Paravertebral Nerve Block**

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| Nerve Block | Landmarks  used | Procedure | Determination if block worked  (positive re-inforcement) | Indications | Materials used | Dangers and disadvantages  associated with block |
| Distal Paravertebral block | Locate the last rib  Trace the rib to the spine  Feel for the transverse process of T1,T2 and T4 | Insert the needle through the skin such that it comes into the dorsal aspect of the transverse process of the T1.  Fan the needle so that 10 ml of the 2% lidocaine is evenly spread or distributed.  Feel for the transverse process again but go ventral to it such that the needle points up to the transverse process of the bone.  Fan the needle so that 10 ml of the 2% lidocaine is evenly spread or distributed.  Repeat this for T2 and T4 | The aim is to block the dorsal and ventral rami of the T13, L1 and L2 spinal nerves.  The flank loses sensation on the side that has been anesthetized with very little to no action of the cutaneous muscles of the flank.  This occurred within 9 to 10 minutes of administration of the block.  The advantages over the proximal paravertebral block include:  it can be performed more easily with more consistent results,  and there is a lack of scoliosis. | Used to perform standing surgey :  E.g.  C-sections, Laparotomy,  Rumenotomy, Cecotomy,  Correction of gastrointestinal displacement, Intestinal obstruction  and  Volvulus | 60 ml of  2% lidocaine  18G needle  3x20ml syringe  Alcohol swabs | A large volume of lidocaine is needed(60ml) compared to other sites  Differences in anatomic pathways of the spinal nerves account for the variation in the efficacy of the nerve block. |