

# Pudendal Nerve Block

Ultrasound-guided techniques for [pudendal nerve](#) block have been described at the level of the ischial spine and transperineally. Theoretically, however, blockade of the pudendal nerve inside [Alcock canal](#) with a small local anesthetic volume would minimize the risk of sacral plexus blockade and would anesthetize all 3 branches of the pudendal nerve before they ramify in the ischioanal fossa. This technical report describes a new ultrasound-guided technique to block the pudendal nerve. The technique indicates an easy and effective roadmap to target the pudendal nerve inside the Alcock canal by following the margin of the hip bone sonographically along the greater sciatic notch, the ischial spine, and the lesser sciatic notch.

The technique was applied bilaterally in 3 patients with chronic perineal pain. The technique described was also used to locate the pudendal nerve within Alcock canal and inject dye bilaterally in 2 cadavers.

Complete pinprick anesthesia was obtained in the pudendal territory of the perineum in all 3 patients. Pain was effectively alleviated or reduced in all patients with no affection of the sacral plexus nerve branches. In the 2 cadavers, all 4 pudendal nerves were successfully targeted and colored.

This new technique is based on easily recognizable sonoanatomical patterns. It probably implies no risk of sacral plexus blockade, and the pudendal nerve is anesthetized before any branches ramify from the main trunk. This promising new technique must be validated in future clinical trials <sup>1)</sup>.

<sup>1)</sup>

Bendtsen TF, Parras T, Moriggl B, Chan V, Lundby L, Buntzen S, Dalgaard K, Brandsborg B, Børglum J. Ultrasound-Guided Pudendal Nerve Block at the Entrance of the Pudendal (Alcock) Canal: Description of Anatomy and Clinical Technique. Reg Anesth Pain Med. 2016 Jan 16. [Epub ahead of print] PubMed PMID: 26780419.

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