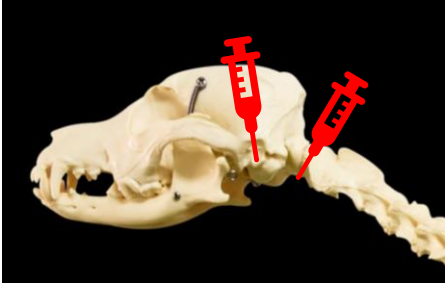


AURICULOTEMPORAL AND GREATER AURICULAR NERVE BLOCKS



Ideal for:

- Total ear canal ablation (TECA)
- Bulla osteotomy
- Deep ear flush

Supplies/Dosing:

- Bupivacaine 0.5%, 0.5 mg/kg per site, 0.1 mL/kg per site
- 1 or 3 mL syringe, 22 gauge needle
- Maximum of 3 mL per site
- Clippers & aseptic preparation

Auriculotemporal Nerve Block



The auriculotemporal nerve originates from the mandibular branch of the trigeminal nerve. Provides sensory to the deepest part of the external ear canal and a significant portion of the rostral pinna, especially the lateral structures (i.e.: tragus).



Following clipping and aseptic preparation, place the needle rostral to the ear canal, on the dorsum of the most caudal part of the zygomatic arch. Aspirate, if no blood, inject 0.1 mL/kg at site, max. 3 mL.



Proximity to the facial nerve and/or the auriculopalpebral nerve, may result in desensitization requiring eye lubrication until the effect of the blockade has resolved.

Greater Auricular Nerve Block



The greater auricular nerve is superficial and located by palpation of the site ventral to the wing of the atlas and caudal to the tympanic bulla. It is possible to block the internal auricular branches of the facial nerve, which is sensory to the external ear canal, and lies deep to the ear canal.



Following clipping and septic preparation, palpate the vertical ear canal, just rostral to this site and the needle inserted to this point. Depositing one-fourth of the drug after placement of the needle and depositing the remainder as a line block, while removing the needle, will maximize the success of blocking both the greater auricular nerve and the auricular branches of the facial nerve.