**TIBIAL**

**Tibial**
- **Identify**: From anterior to posterior: medialis malleolus, distalis posterior, flexor digitorum longus, artery, nerve, flexor hallucis longus.
- **Target**: Sural nerve with local anaesthetics, using an in-plane or out-of-plane approach depending on patient morphology.
- **Tips**: The nerve usually lies posterior to the artery and 2 veins. A small ultrasound probe is useful.
- **Avoid**: Confusion with tendons which also exhibit anisotropy on ultrasound (tend to look smaller in size than the nerve).

**SAPHENOUS**

**Saphenous**
- **Identify**: The long saphenous vein which lies very superficially, anterior to the medial malleolus; the nerve accompanies the vein.
- **Target**: In the fascial plane around the vein if the nerve is not directly visible.
- **Tips**: A venous tourniquet can be used to help identify the artery using minimal probe pressure, avoiding compression of the vessel.
- **Avoid**: Excessive probe pressure, intravascular injection.

**DEEP PERONEAL**

**Deep peroneal**
- **Identify**: The small dorsalis pedis artery lies directly on the subcutaneous surface of the foot. The nerve crosses over the artery from medial to lateral and this is a reliable sign.
- **Target**: The nerve as it lies alongside the artery on its lateral or medial side.
- **Tips**: Use minimal probe pressure, minimal depth setting to avoid compressing the vessels.
- **Avoid**: Excessive probe pressure, intravascular injection.

**SUPERFICIAL PERONEAL**

**Superficial peroneal**
- **Identify**: The anterior border of the fibula in the lower third of the leg has a characteristic sickle shape on ultrasound. The superficial peroneal nerve lies superficially and the artery can be identified as a hypoechoic line adjacent to the bone.
- **Target**: The nerve in the superficial tissues at any point in the leg.
- **Tips**: Scan up and down at a reasonable speed to identify the nerve above the bone and intermuscular septum.
- **Avoid**: Deep injection.

**SURAL**

**Sural**
- **Identify**: The short saphenous vein runs vertically down the back of the calf; the sural nerve accompanies the vein.
- **Target**: The nerve directly if it is visible, otherwise the fascial planes outlining the tendons.
- **Tips**: Use an in-plane approach and identify the sural vein first, the sural nerve follows the vein for tracking the intramuscular probe.
- **Avoid**: Excessive probe pressure, intravascular injection.

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**Anterior**

**Posterior**

**Plantar**

**Dorsal**

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This poster is an educational aid. It should not be used as a sole source of information for a new technique. Variations in anatomy are to be expected and no responsibility can be accepted for the technical ability of the practitioner and individual patient outcomes.