

IPACK Block

Quick Guide

Any patient. Anywhere. Anytime.

Information contained in this document is meant for quick reference and a supplement to formal ultrasound experience, education or training.



IPACK Block

Objective

Injection of local anesthetic between the Popliteal Artery and the Capsule of the Knee. This injection targets the genicular innervation to the knee which consists of the articular branches of the Common Peroneal, Tibial and Obturator Nerves.

Technique:

- Begin by placing the transducer slightly superior to the flexion line of the posterior aspect of the knee.
- Move the transducer proximally to visualize the popliteal artery and the medial and lateral condyles of the femur.
- If at this level the condyles of the femur are very prominent the transducer may be moved more proximally where the condyles are less prominent.
- The needle is inserted from medial to lateral using the in-plane approach.
- Injection should occur between the popliteal artery and the femur with local anesthetic spreading both medially and laterally.

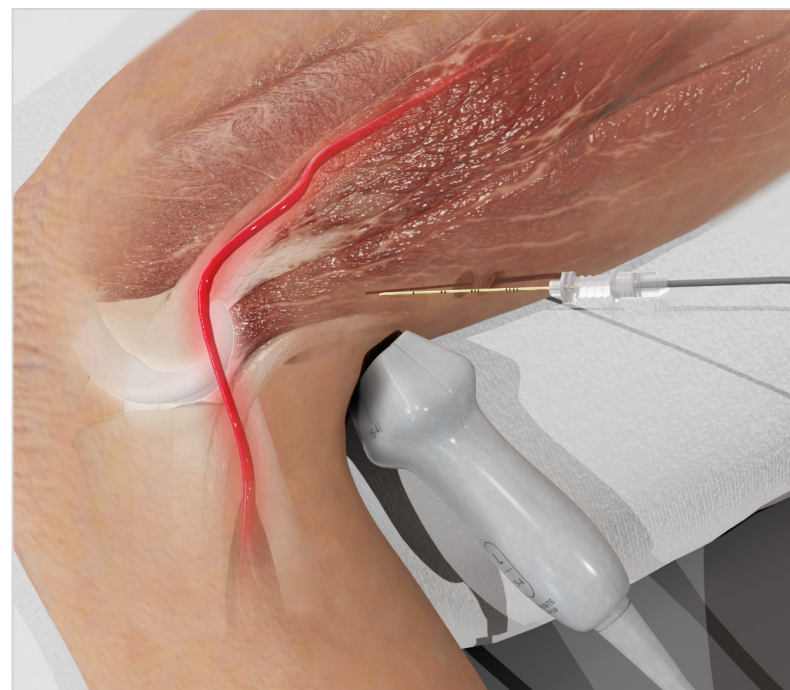


FIG. 1: Posterior Aspect of Knee and Transducer Location

Clinical Pearls

Patient Positioning:

Supine with knee flexed 45 degrees and externally rotated.

Transducer:

C5-1, L12-3, L15-4, C10-3

Teaching Points:

- The IPACK Block is a field block of the genicular innervation to the knee.
- The IPACK Block provides a sensory-only block of the posterior aspect of the knee which may allow for early postoperative ambulation.
- Correct injection of local anesthetic will often result in the Popliteal Artery being displaced.
- The Common Peroneal and Tibial Nerves can be visualized during the block. The Tibial Nerve is located superficial and lateral to the Popliteal Artery and the Peroneal Nerve is located superficial and lateral to the Tibial Nerve.
- Because of the close proximity of the injection site to the Tibial and Common Peroneal Nerves, the local anesthetic should be injected slowly to avoid blocking these nerves which would result in a motor block, thus delaying postoperative ambulation.
- When imaging the distal femur, do not inject at the level where the femoral condyles are most prominent as this can make needle placement difficult. Instead, reposition the transducer to a level where the condyles are flatter and less prominent allowing for proper needle placement and injection.

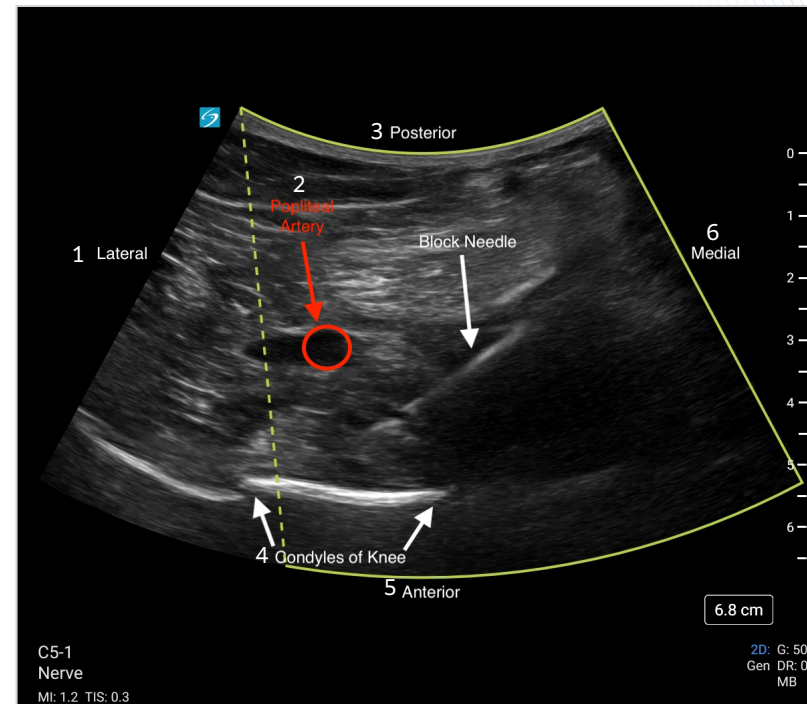


FIG. 2

- | | |
|---------------------|---------------------|
| 1. Lateral | 4. Condyles of Knee |
| 2. Popliteal Artery | 5. Anterior |
| 3. Posterior | 6. Medial |

Any patient. Anywhere. Anytime.

FUJIFILM Sonosite, Inc.

Worldwide Headquarters

21919 30th Drive SE, Bothell, WA 98021-3904

Tel: +1 (425) 951 1200 or +1 (877) 657 8050

Fax: +1 (425) 951 6800

sonosite.com

This material is intended for healthcare professionals and not for patients or consumers. The information in this material is provided for general educational purposes, as a convenient quick reference and a supplement to professional experience, education and training, and should not be considered the exclusive source for this type of information. This material does not replace or supersede device labeling, including instructions for use, which accompanies any FUJIFILM Sonosite product. At all times, it is the professional responsibility of the practitioner to exercise independent clinical judgment in each particular situation. FUJIFILM assumes no responsibility or liability for any misuse of this material. FUJIFILM Sonosite would like to thank Dr. Daniel G. Malone, MD, RMSK, FACR for his contributions to this program.

SONOSITE and the SONOSITE logo are registered and unregistered trademarks of FUJIFILM Sonosite, Inc. in various jurisdictions. FUJIFILM is a registered trademark of FUJIFILM Corporation in various jurisdictions. All other trademarks are the property of their respective owners.

Copyright © 2025 FUJIFILM Sonosite, Inc. All rights reserved. Subject to change.