

LFCN

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.



Lateral Femoral Cutaneous Nerve Block (LFCN)

Objective

Injection of local anesthetic surrounding the Lateral Femoral Cutaneous Nerve, just lateral to the Sartorius Muscle. The Lateral Femoral Cutaneous Nerve Block provides analgesia to the anterolateral thigh and is often used for surgeries of the hip, such as total hip arthroplasty and ORIF of the Hip.

Technique:

- Begin by placing the transducer transversely in the inguinal crease to identify the Common Femoral Artery.
- Scan lateral to identify the Sartorius Muscle. Follow the Sartorius Muscle to its lateral border.
- Identify the Lateral Femoral Cutaneous Nerve just lateral to the Sartorius Muscle. The LFCN is a hyperechoic structure located at an approximate depth of .5-.75cm.
- Use the in-plane needle technique with a lateral to medial approach to target the Lateral Femoral Cutaneous Nerve.



Clinical Pearls

Patient Positioning:

Supine

Transducer:

L12-3, L15-4

Teaching Points:

- The LFCN is a sensory-only nerve.
- The transducer is oriented transversely over the femoral artery and moved lateral and slightly cranial to identify the nerve.
- The LFCN is often branched at this level. These branches may be blocked individually.
- The LFCN block is very effective in coverage for both anterior total hip and lateral total hip arthroplasty.
- The LFCN block is often combined with the PENG block for more complete analgesia of the hip.
- The LFCN is a sensory-only nerve. Blocks performed on sensory-only nerves are lower risk in that a nerve injury could result in prolonged numbness, possible pain, but no impairment of ambulation.
- The LFCN is a superficial nerve. This makes it very easy to visualize, even in the morbidly obese. Because of this, the block needle should also be easily visualized.
- The LFCN and its branches are often located within fat pads lateral to the sartorius muscle.

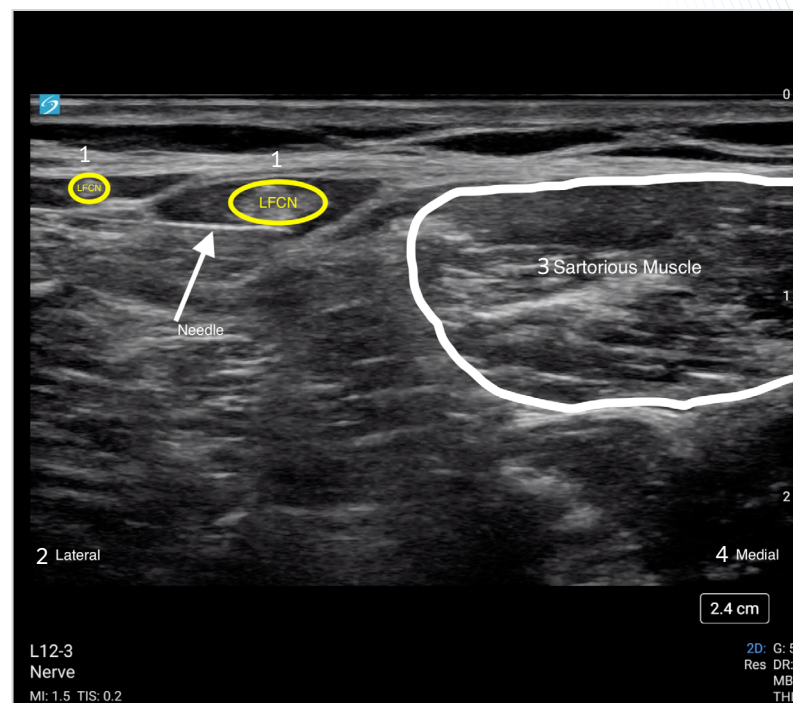


FIG. 2

1. LFCN
2. Lateral
3. Sartorius Muscle
4. Medial

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