

Ultrasound-Guided Peripheral Nerve Block of Common Peroneal Nerve for Below-Knee Residual Limb Pain

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	DAY 1	DAY 7
Pain present during the last week?	Yes	No - Patient is very satisfied
Pain at its worst in the last week.	8/10	0/10 (1 week s/p procedure)
Pain at its least in the last week.	5/10	0/10
Pain on the average in the last week.	6/10	0/10
Pain you have right now.	5/10	0/10
In the last week, how much relief have pain treatments or medications provided?	>50% relief (S/P procedure)	100% relief (Patient able to walk with prosthetic leg + rollator)

CASE

77-year-old female with a below-knee amputation, due to peripheral artery disease, presenting for left residual limb pain. The patient reported irritation and a constant burning sensation at the site of the amputation that limited her ability to ambulate resulting in her using a wheelchair for mobility rather than her prosthesis to walk. Previous treatment included gabapentin 600 mg 3x a day, tylenol as needed, and home exercise therapy.

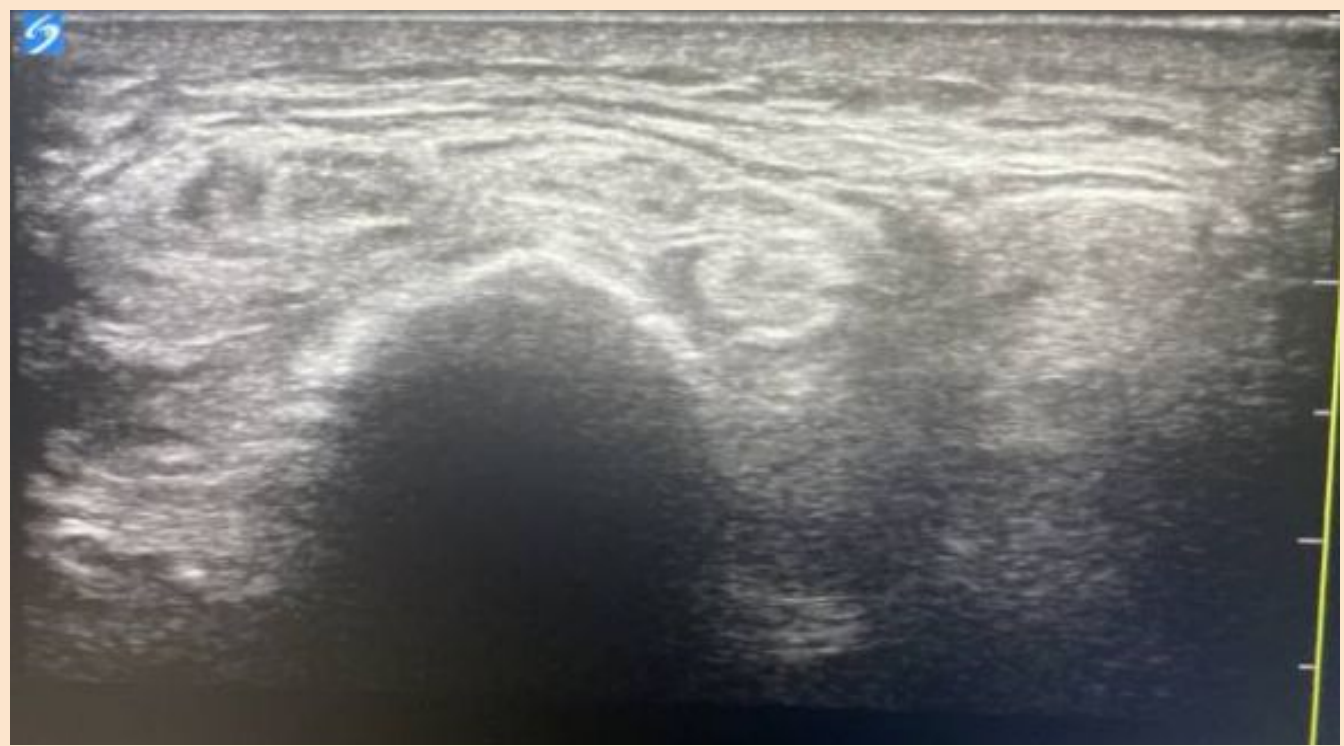
INTERVENTION

Hydrodissection was performed by injecting anesthetic at the common peroneal nerve. An ultrasound guided injection with 5 mL of 0.75% bupivacaine and 1 mL of 2% lidocaine was performed without sedation. In addition, scar tissue was injected with 4 mL of 0.75% marcaine. Patient tolerated the procedure well with no immediate complications and no significant post-procedure bleeding.

CONCLUSION

Hydrodissection of the common peroneal nerve and scar tissue injection provided sufficient sensory block at the area of amputation. The common peroneal nerve block specifically targets the nerve that is causing pain signals; providing relief while avoiding invasive procedures or broad systemic effects and without any concern for foot drop.

Fibular nerve distal to fibular head



Fibular nerve proximal to fibular head



Hydrodissection of the Common Peroneal Nerve and Scar Tissue Injection can Alleviate Below-Knee Residual Limb Pain



Patient's Residual Limb

