Conclusions The DPNB is a useful resource in elective and emergency settings. The ultrasound-guided approach is now considered the mainstay of regional anesthesia delivery despite not being free of complications. Is it possible to further reduce the risks? The authors suggest the in-plane approach with the probe transversely positioned at the base of the ventral - rather than dorsal - aspect of the penis; its routine use would allow more space for needle adjustments and better visualization of structures, thus reducing the risks associated with the DPNB in the pediatric population.

Background and Aims Use of ultrasound has revolutionized Regional Anesthesia techniques to provide adequate surgical anesthesia. Blockage of Sciatic nerve in popliteal fossa is common technique for surgeries involving foot & ankle. There are various approaches described to perform block. We decided to do observational study on volunteers for comparing posterior & lateral approach on following parameters:1. Need for external assistance for positioning2. Time taken to localize sciatic nerve 3. Patient comfort 4. Anesthetist satisfaction score.

Methods Scanning was done by same anesthetist with same machine in all volunteers. Time was recorded starting from position till sciatic nerve was localized. Fifty volunteers were divided in two groups on random basis.

1. Group P [Posterior approach]: Scanning was performed in lateral decubitus or supine with knee flexed position. High frequency transducer placed in transverse position at Popliteal crease and Popliteal artery identified. Superficial and lateral to it hyperechoic oval/round structure tibial nerve identified. Transducer scanned proximally till tibial and peroneal nerve joined to form sciatic nerve.

2. Group L [Lateral approach]: Scanning performed in supine position with limb in neutral position. Transducer placed in transverse position perpendicular to skin proximal to popliteal crease level. Scanning done proximally till hypoechoic sciatic nerve surrounded by hypo echoic muscles & hyper echoic shaft femur shadow identified.

Results No external assistance for positioning needed in Group L compared to Group P. No adjustments in limb position needed in Group L while flexion/extension of hip needed in Group P. Time to localize nerve was less in Group L. Anesthetist satisfaction score higher in Group L.

Conclusions We concluded that Lateral approach is simple & convenient for both patients and anesthetists & should be practiced more often.